

Cluster of pneumonia cases caused by a novel coronavirus in Wuhan, China

REF #:	HLT 00112-20	AUTHOR:	Daniel Shine
TO:	Minister	OWNER:	Daniel Shine
STATUS:	Completed	REVIEWERS:	Tony Holohan, Jim Breslin
PURPOSE:	For Information	DECISION BY:	
DIVISION/OFFICE:	Chief Medical Officer		

Final comment

Noted

Action required

Submitted for Information

Executive summary

Since 31 December 2019 and as of 17 January 2020, 198 laboratory confirmed cases of novel coronavirus 2019-nCoV infection, including three deaths (case fatality ratio: 1.5%), have been reported in Wuhan City, China. In addition, three cases of 2019-nCoV have been reported in Beijing (2) and Guangdong (1) in China, all with a travel history to Wuhan. A further four imported cases ex-Wuhan have been reported in Thailand (2), Japan (1) and South Korea (1), bringing the total number of confirmed cases of 2019-nCoV to 205 globally.

At the moment, there is no information on the exact source of infection or how the virus is transmitted.

The likelihood of importation of cases of this new virus to Ireland or other European countries is considered to be low according to an ECDC risk assessment of 17 January.

HSE is closely monitoring this situation via WHO and ECDC risk assessments of the outbreak and has issued several advisory notices and updated their website to inform national agencies, public health authorities, healthcare providers, airports and the public.

Comments

Daniel Shine - 20/01/2020 16:46

Please see attached briefing document, agreed with Dr Bonner

Matthew O'Gorman - 24/02/2020 10:50

Noted

Detailed information

Background

Since 31 December 2019 and as of 17 January 2020, 198 laboratory confirmed cases of novel coronavirus 2019-nCoV infection, including three deaths (case fatality ratio: 1.5%), have been reported in Wuhan City, China. In addition, three cases of 2019-nCoV have been reported in Beijing (2) and Guangdong (1) in China, all with a travel history to Wuhan. A further four imported cases ex-Wuhan have been reported in Thailand (2), Japan (1) and South Korea (1), bringing the total number of confirmed cases of 2019-nCoV to 205 globally. The clinical information on confirmed 2019-nCoV cases reported so far suggests a milder disease course than that observed in SARS and MERS cases, however it is early days as yet. Most of those affected worked or visited a seafood market in Wuhan, which also sells live animals. Environmental sanitation of the involved seafood market took place and the market was closed on 1 January 2020. According to Wuhan Municipal Health Commission, samples from the market tested positive for the novel coronavirus. In addition, according to media quoting health authorities, these positive environmental samples were from floors, tabletops and gloves from the areas where aquatic products were sold.

At the moment, there is no information on the exact source of infection or how the virus is transmitted. However, there is no clear indication of sustained human-to-human transmission. (The report of two small family clusters in Wuhan and the exposure history of the imported Japanese case suggest that person-to-person transmission may have occasionally occurred. So far, there are no reported instances of disease transmission to healthcare workers in China, Japan and Thailand.

Risk

The likelihood of importation of cases of this new virus to Ireland or other European countries is considered to be low according to an ECDC risk assessment published on January 17th. . There are no direct flights between Ireland and Wuhan City. Only three EU airports have direct flight connections to Wuhan-Rome, Paris and London. To prevent the spread of the virus to other countries, Wuhan Tianhe International Airport has implemented exit screening for passengers travelling from Wuhan. Passengers' temperatures are measured and those found to be febrile are put under temporary quarantine. The WHO does not recommend entry screening at receiving airports at this time.

The likelihood of infection for travellers visiting Wuhan, but not visiting seafood or live animal markets, is also considered low, because so far there is no indication of virus circulation in the community. The risk for those visiting any seafood or live animal markets in Wuhan is considered to be moderate, even though the implicated market has been closed. If the sources of the infection are indeed certain animals sold in that market, other markets in the city may still be selling those animals and they may continue to pose a risk of infection. Travellers to Wuhan should therefore minimise contact with birds and animals in markets in Wuhan as a precaution. Travellers are also advised to take simple precautions such as practicing good hand, respiratory and personal hygiene.

The upcoming Chinese New Year celebrations at the end of January will cause an increased travel volume to/from China and within China, hence increasing the likelihood of arrival in the EU of possible cases. Should a case of the new virus be identified in the EU, the evidence of limited human-to-human transmission and the vigorous infection prevention and control measures that would be applied, mean the likelihood of further spread in the community setting within the EU is considered very low.

HSE Response

- HSE is closely monitoring this situation via WHO and ECDC risk assessments of the outbreak
- HSE-HPSC has issued several advisory notices and updated their website to inform national agencies, public health authorities, healthcare providers, airports and the public about this outbreak.
- HSE is currently updating guidance and algorithms about this novel coronavirus (as per WHO/ECDC guidance) which will be circulated to the wider health system to assist response should a case be imported to Ireland. These will be reviewed and updated as the situation evolves.
- HSE has established a standing group to optimise domestic and international coordination of new and emerging threats
- The National Virus Reference Laboratory, in conjunction with EU laboratories, will have capacity to detect 2019-nCoV

Related submissions

HLT 00145-20: Cluster of Pneumonia cases caused by a novel coronavirus in Wuhan, China- Updated position

User details

INVOLVED:	Daniel Shine	READ RECEIPT:	Daniel Shine
	Sub_DOH Dep Sec Holohan		Tony Holohan
	Tony Holohan		Lisa Williamson
	Sub_DOH Sec Gen Office		Jim Breslin
	Jim Breslin		Helen Reddin
	Sub_DOH Ministers Office		Matthew O'Gorman
	Simon Harris		Sarah Bardon
			Eileen Ryan

Action log

ACTION	DESCRIPTION	USER	DATE
Create	Submission HLT 00112-20 to Minister created.	Daniel Shine	20/01/2020 16:43
Submission sent	Submission sent by email to Eddie O'Reilly, Colette Bonner, Pauline Brady, Helen Reddin.	Daniel Shine	20/01/2020 16:51
Submit for review	Submission sent for review to Tony Holohan.	Daniel Shine	20/01/2020 16:51
Submit for review	Submission sent for review to Secretary General on behalf of Tony Holohan.	Tony Holohan	20/01/2020 17:12
Submit for review	Submission sent for review to Minister on behalf of Secretary General.	Jim Breslin	21/01/2020 12:04
Complete	Submission completed by Matthew O'Gorman.	Matthew O'Gorman	24/02/2020 10:50

20 January 2020

Briefing Note for Minister:**Cluster of Pneumonia cases caused by a novel coronavirus in Wuhan, China****Summary**

On 31 December 2019, the Wuhan Municipal Health Commission (Wuhan City, Hubei province, China) reported a cluster of pneumonia cases of unknown aetiology, with a common reported link to Wuhan's Huanan Seafood Wholesale Market (a wholesale fish and live animal market selling different animal species).

On 9 January 2020, China's Centre for Disease Control and Prevention reported that a novel coronavirus (2019-nCoV) was detected as the causative agent. Sequence analysis showed that the newly identified virus is related to the SARS-CoV clade.

As of 17 January 2020, a total of 198 laboratory confirmed cases of novel coronavirus 2019-nCoV infection, including three deaths (case fatality ratio: 1.5%), have been reported in Wuhan City. An additional three cases have been reported in Beijing (2) and Guangdong (1). Four travel-associated cases (Thailand (2), Japan (1), South Korea (1)) have also been identified. The onset of symptoms ranged from 8 December 2019 to 5 January 2020 and included fever, coughing, and dyspnoea. Chest radiology showed the typical features of a viral pneumonia with diffuse bilateral infiltrates. The majority of cases were male, aged between 40-69 years old. Seven cases developed a severe disease and two with chronic and severe underlying conditions subsequently died.

Epidemiology

Most cases are epidemiologically linked to a specific food market in Wuhan, which was cleaned and closed to the public on 1 January 2020. Among the cases reported, two small family clusters were identified. In one cluster, all three members of the family had attended the specific Wuhan market before disease onset. In the other cluster, one member was the spouse of a salesman in the market. No cases have been reported in health-care workers and there is no evidence of nosocomial transmission so far.

The source of infection is unknown – however, the occurrence of a few cases with no history of contact with the implicated market nor with any similar market suggests the possibility of the infection source being more widely distributed or of instances of human-to-human transmission similar to other coronaviruses like SARS-CoV and MERS-CoV. The occurrence of a few family clusters supports this hypothesis. However, there is currently no knowledge on the transmission mode nor on risk factors for transmission.

As of 17 January 2020, 763 close contacts have been identified and monitored in China. Of these, 644 have completed the observation period - 119 remain under medical observation. So far, none has tested positive for 2019-nCoV.

There is substantial uncertainty regarding the epidemiological characteristics of the nCoV-2019, with limited epidemiological and clinical information on the cases of 2019nCoV

identified so far: e.g. on infection sources, the aetiological agent, risk factors for infection, risk factors for severe illness, potential person-to-person transmissibility, transmission modes, effective preventive measures, and clinical presentation and evolution. Therefore, the level of uncertainty of this risk assessment is high.

Reported travel-related cases

Four travel-related laboratory-confirmed cases have been reported in Thailand (2), Japan (1) and South Korea (1).

Risk for travellers, importation and further spread in the EU

Three EU airports (Paris, London, Rome) have direct flight connections to Wuhan and there are indirect flight connections to other EU hubs. The likelihood for EU/EEA travellers to become infected while visiting any wet or live animal markets in Wuhan is considered to be moderate as the source of infection is unknown and could still be active. The likelihood of infection for travellers visiting Wuhan, but abstaining from visiting these markets, is considered low. **According to the most recent ECDC Risk Assessment, the likelihood of introduction of the virus to the EU is considered low.**

The upcoming Chinese New Year celebrations at the end of January will cause an increased travel volume to/from China and within China, hence increasing the likelihood of arrival in the EU of possible cases. Should a case of the new virus be identified in the EU, the evidence of limited human-to-human transmission and the vigorous infection prevention and control measures that would be applied, mean the likelihood of further spread in the community setting within the EU is considered very low.

HSE Response to Date

The HSE has advised that it has taken a number of measures on foot of the emergence of the coronavirus in Wuhan, as follows:

- Close monitoring of the situation via WHO and ECDC risk assessments of the outbreak
- The Health Protection Surveillance Centre has issued several advisory notices and updated its website to inform national agencies, public health authorities, healthcare providers, airports and the public about the outbreak
- Established a standing group to optimise domestic and international coordination of new and emerging threats
- Ensuring that the National Virus Reference Laboratory, in conjunction with EU laboratories, will have capacity to detect 2019-nCoV
- Liaising with the Department of Foreign Affairs and Trade regarding travel advisories.

The HSE has also advised that it is currently updating guidance and algorithms about this novel coronavirus (as per WHO/ECDC guidance) which will be circulated to the wider health system to assist response should a case be imported to Ireland. These will be reviewed and updated as the situation evolves.

Communicable Diseases Control Policy Unit

Outbreak of Coronavirus (2019-nCoV) in Wuhan, China. Briefing Note for Minister - (Update as of 5/2/20)

REF #:	HLT 00226-20	AUTHOR:	Daniel Shine
TO:	Minister	OWNER:	Daniel Shine
STATUS:	Completed	REVIEWERS:	Tony Holohan, Jim Breslin
PURPOSE:	For Information	DECISION BY:	
DIVISION/OFFICE:	Chief Medical Officer		

Final comment

Noted

Action required

Submitted for Information

Executive summary

The attached briefing note is an update from previous briefing submitted to the Minister on 21 January 2020 and a Memo for Information to the Government submitted on 29 January 2020 and focuses upon developments arising since that date.

Key Updates are as follows:

- To date, there are no confirmed cases of Coronavirus (2019-nCoV) in Ireland.
- The latest position, published by the ECDC on its website, is that (as of 11 a.m. CET on 5 February) a total of 24,530 laboratory-confirmed coronavirus (2019-nCoV) cases have been reported. A total of 493 deaths have been reported among the cases - all of which, bar one (in the Philippines) have been in China. 28 cases of coronavirus (2019-nCoV) have been reported in Europe to date. 2 of these cases were reported in the UK.
- The ECDC, in its latest Risk Assessment (dated 5 February) advises that there is a **moderate to high likelihood** of further case importation into EU/EEA countries.
- The National Public Health Emergency Team (NPHE) has met three times
- An expert advisory group has been established

- The Health Threats Coordination Group (a sub-committee of the Government Task Force chaired by the Dept.) has met twice.
- Both the HSE's **National Crisis Management Team** and its **High Consequence Infectious Disease Group** are meeting regularly. Protocols and guidelines for risk assessment and management of novel coronavirus have been issued to GPs, Acute Hospitals, National Ambulance Service, airports and Public Health.

Comments

Daniel Shine - 05/02/2020 12:51

Updated briefing re coronavirus, incl. updated ecdc figures Text cleared by Dr Bonner (Head of function on leave)

Matthew O'Gorman - 11/03/2020 12:16

Noted

Detailed information

The attached briefing note is an update from previous briefing submitted to the Minister on 21 January 2020 and a Memo for Information to the Government submitted on 29 January 2020 and focuses upon developments arising since that date.

Key Updates included in the note are as follows:

- *To date, there are no confirmed cases of Coronavirus (2019-nCoV) in Ireland.*
- The latest position, published by the European Centre for Disease Prevention and Control (ECDC) on its website, is that (as of 11 a.m. CET on 5 February) a total of 24,530 laboratory-confirmed coronavirus (2019-nCoV) cases have been reported. A total of 493 deaths have been reported among the cases - all of which, bar one (in the Philippines) have been in China.
- 28 cases of coronavirus (2019-nCoV) have been reported in Europe to date. 2 of these cases were reported in the UK.
- The ECDC, in its latest Risk Assessment (dated 5 February) advises that there is a **moderate to high likelihood** of further case importation into EU/EEA countries. However, there is **low likelihood** of sustained human-to-human transmission within the EU/EEA if infection prevention and control measures are stringently applied. This is the focus of Ireland's current response.
- **The National Public Health Emergency Team (NPHE)** has, to date, held three meetings in relation to the outbreak (Monday 27 January, Thursday 30 January and Tuesday 4 February). The National Public Health Emergency Team is the forum for managing the interface between the Department of Health and the Health Service Executive during the planning and response phases of a public health emergency. Weekly meetings are scheduled, depending on the progression of the outbreak.

- An **Expert Advisory Group** has also been established, the first meeting of which will take place on Wednesday 5 February. This Group will provide scientific advice and assistance to the NPHE in its work.
- Two meetings of the **Health Threats Coordination Group** (which is a sub-committee of the Government Task Force on Emergency Planning, chaired by the Department of Health and comprising representatives from the HSE, relevant Departments and Agencies) have been held to date (Friday 24 January & Monday 4 February) where relevant officials of other Departments and Agencies were briefed by the Department of Health and the HSE as to the measures being taken in relation to the outbreak. Issues such as port health, travel advice, communications as well as advice and guidance to various sectors, including the public, were also discussed.
- Both the HSE's **National Crisis Management Team** and its **High Consequence Infectious Disease Group** are meeting regularly. Protocols and guidelines for risk assessment and management of novel coronavirus have been issued to GPs, Acute Hospitals, National Ambulance Service, airports and Public Health. Advice has also been issued to educational settings, community pharmacists and dentists. These will be reviewed and updated as the situation evolves.
- The HSE's Health Protection Surveillance Centre (HPSC) is closely monitoring the emerging situation and is collaborating with the Department, other Departments and various Agencies in relation to preparedness measures.

Related submissions

There are no related submissions.

User details

INVOLVED: Daniel Shine
Sub_DOH Dep Sec Holohan
Tony Holohan
Sub_DOH Sec Gen Office
Jim Breslin
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READ RECEIPT: Daniel Shine
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Joanne Lonergan
Lisa Williamson
Maurice O'Donnell
Simon Harris
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David Keating
Eileen Ryan

Action log

ACTION	DESCRIPTION	USER	DATE
Create	Submission HLT 00226-20 to Minister created.	Daniel Shine	05/02/2020 12:36
Submission sent	Submission sent by email to Pauline Brady, Helen Reddin, Eddie O'Reilly, Ronan Glynn, Colette Bonner.	Daniel Shine	05/02/2020 12:49
Submit for review	Submission sent for review to Tony Holohan.	Daniel Shine	05/02/2020 12:51
Submit for review	Submission sent for review to Secretary General on behalf of Tony Holohan.	Tony Holohan	05/02/2020 12:55
Submit for review	Submission sent for review to Minister on behalf of Secretary General.	Jim Breslin	05/02/2020 13:31
Take ownership	Submission ownership taken by Daniel Shine.	Daniel Shine	07/02/2020 18:53
Take ownership	Submission ownership taken by Matthew O'Gorman.	Matthew O'Gorman	11/03/2020 12:15
Submit for review	Submission sent for review to Minister.	Matthew O'Gorman	11/03/2020 12:15
Complete	Submission completed by Matthew O'Gorman.	Matthew O'Gorman	11/03/2020 12:15

Outbreak of Coronavirus (2019-nCoV) in Wuhan, China

Briefing Note for the Minister – (Update as of 5/2/20)

Context

The following note is an update from previous briefing submitted to the Minister on 21 January 2020 and a Memo for Information to the Government submitted on 29 January 2020 and focuses upon developments arising since that date.

Declaration of a PHEIC

- In accordance with the provisions of the International Health Regulations (2005), the World Health Organisation declared, on 30th January 2020 that the outbreak of Coronavirus (2019-nCoV) originating in Wuhan, China, met the criteria for a Public Health Emergency of International Concern (PHEIC).
- A PHEIC is defined in the International Health Regulations (IHR) 2005 as, *“an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response”*.
- A PHEIC is intended to mobilize international response to an outbreak. It's an opportunity for the WHO, with guidance from its International Health Regulations Emergency Committee, to implement *“non-binding but practically & politically significant measures that can address travel, trade, quarantine, screening, treatment. WHO can also set global standards of practice.”*
- Europe is now in containment phase where the focus is on surveillance, early detection, isolation of cases, contact management and prevention of onward transmission. Lots of unknowns still remain in relation to 2019-nCoV (i.e. extent of clinical severity, source of the virus, vaccines, therapeutics etc.). Risk communication is an integral part of the containment phase, including the importance of avoiding stigmatisation etc.

Epidemiological Situation

- *To date, there are no confirmed cases of Coronavirus (2019-nCoV) in Ireland.*

- The latest position, published by the European Centre for Disease Prevention and Control (ECDC) on its website, is that (as of 11 a.m. CET on 5 February) a total of 24,530 laboratory-confirmed coronavirus (2019-nCoV) cases have been reported. A total of 493 deaths have been reported among the cases - all of which, bar one (in the Philippines) have been in China.
- 28 cases of coronavirus (2019-nCoV) have been reported in Europe to date. 2 of these cases were reported in the UK.

Risk Assessment

- In all matters relating to emerging international public health incidents, Ireland follows the advice and guidance of the WHO and the European Centre for Disease Prevention and Control (ECDC).
- The ECDC, in its latest Risk Assessment (dated 5 February) advises that there is a **moderate to high likelihood** of further case importation into EU/EEA countries. However, there is **low likelihood** of sustained human-to-human transmission within the EU/EEA if infection prevention and control measures are stringently applied. This is the focus of Ireland's current response.

EU Response

- The EU response to the health issues raised by the outbreak is being coordinated through the EU Health Security Committee and the Department participates at these meetings along with the other Member States and the EU Commission. The ECDC, WHO and EEA countries also participate as observers.
- At their meeting in Brussels today (Wednesday 5 February), the EU Ambassadors (Coreper I) will be briefed on the current position regarding the coronavirus by both the Presidency and the EU Commission. In addition, the Croatian Health Minister spoke by telephone over recent days with EU Ministerial counterparts and agreed to hold a **video conference for EU Health Ministers for this Friday, 7 February** (time to be confirmed).

Preparedness and Response in Ireland

- Ireland has advanced plans in place as part of its comprehensive preparedness to deal with public health emergencies such as novel Coronavirus (2019-nCoV). These plans have previously assisted in responding to similar incidents such as pandemic influenza, SARS and MERS. Ireland is, therefore, well-positioned to detect and respond to any case of the novel Coronavirus (2019-nCoV) that might arise here.
- In line with National Emergency Management structures, the **National Public Health Emergency Team (NPHE)** has, to date, held three meetings in relation to the outbreak (Monday 27 January, Thursday 30 January and Tuesday 4 February). The National Public Health Emergency Team is the forum for managing the interface between the Department of Health and the Health Service Executive during the planning and response phases of a public health emergency. Weekly meetings are scheduled, depending on the progression of the outbreak.
- An **Expert Advisory Group** has also been established, the first meeting of which will take place on Wednesday 5 February. This Group will provide scientific advice and assistance to the NPHE in its work.
- Two meetings of the **Health Threats Coordination Group** (which is a sub-committee of the Government Task Force on Emergency Planning, chaired by the Department of Health and comprising representatives from the HSE, relevant Departments and Agencies) have been held to date (Friday 24 January & Monday 4 February) where relevant officials of other Departments and Agencies were briefed by the Department of Health and the HSE as to the measures being taken in relation to the outbreak. Issues such as port health, travel advice, communications as well as advice and guidance to various sectors, including the public, were also discussed.
- Both the HSE's **National Crisis Management Team** and its **High Consequence Infectious Disease Group** are meeting regularly. Protocols and guidelines for risk assessment and management of novel coronavirus have been issued to GPs, Acute Hospitals, National Ambulance Service, airports and Public Health. Advice has also been issued to educational

settings, community pharmacists and dentists. These will be reviewed and updated as the situation evolves.

- The HSE's Health Protection Surveillance Centre (HPSC) is closely monitoring the emerging situation and is collaborating with the Department, other Departments and various Agencies in relation to preparedness measures.
- The HPSC's website currently provides the following information (which is updated regularly):
 - Algorithms for Irish healthcare settings
 - Clinical management for novel coronavirus (link to WHO guidance)
 - Educational settings guidance
 - Infection Prevention and Control guidance for hospitals and primary care
 - Laboratory testing guidance
 - Frequently Asked Questions.

Travel Advice of the Department of Foreign Affairs and Trade

- The Department of Health is in regular contact with the Department of Foreign Affairs and Trade (DFAT) with regard to travel advice. Currently, (as at 4 February and still current as at 5 February) DFAT's website includes the following –

In this environment, the advice of the Department [of Foreign Affairs and Trade] is to avoid non-essential travel to and within China. Citizens with underlying medical conditions should not travel to China at this time. As a precautionary measure, if your continued presence in China is not essential, citizens are advised to contact their travel agency or airlines regarding available routes out.

Communicable Diseases Control Policy Unit

5 February, 2020

Outbreak of Coronavirus (2019-nCoV) in Wuhan, China.

REF #:	HLT 00246-20	AUTHOR:	Daniel Shine
TO:	Minister	OWNER:	Daniel Shine
STATUS:	Completed	REVIEWERS:	Eddie O'Reilly, Tony Holohan, Jim Breslin
PURPOSE:	For Decision	DECISION BY:	10/02/2020
DIVISION/OFFICE:	Chief Medical Officer		

Final comment

Minister Harris attended the Extraordinary EPSCO on Thursday 13th Feb

Action required

Decision required in relation to the Minister's participation in the EPSCO meeting in Brussels on Thursday 13 February.

Executive summary

Decision required in relation to the Minister's participation in the EPSCO meeting in Brussels on Thursday 13 February.

An update on previous briefing in relation to the outbreak of coronavirus (2019-nCoV) is also provided

Comments

Matthew O'Gorman - 24/02/2020 10:51

Minister Harris attended the Extraordinary EPSCO on Thursday 13th Feb

Detailed information

Outbreak of Coronavirus (2019-nCoV) in Wuhan, China.

Briefing Note for the Minister - (Update as of 7/2/20)

Update on outbreak of coronavirus (2019-nCoV)

The purpose of this briefing note is to provide an update of previous briefing submitted to the Minister on 5 February 2020.

Key Updates:

- An extraordinary EPSCO (Health Ministers) Council meeting will take place on **Thursday morning, 13 February**, beginning at 10 am C.E.T. A decision is required on the Minister's participation
- The Department took part in a High-Level EU Videoconference on Public Health implications in Europe of the ongoing disease outbreak on 7 February. The Department's contribution was well received and the text as delivered is attached at Appendix 1.
- Following the issue of a press statement yesterday evening, 6 February (see Appendix 2), the Department and the HSE / HPSC participated in a series of media engagements today, Friday 7 February
- Department of Health, HSE / HPSC and Department of Foreign Affairs and Trade officials met the Chinese Ambassador and his officials today, 7 February
- To date, there are no confirmed cases of Coronavirus (2019-nCoV) in Ireland.
- The latest position, published by the ECDC on its website, is that (as of 8 a.m. CET on 7 February) a total of 31,503 laboratory-confirmed coronavirus (2019-nCoV) cases have been reported. A total of 638 deaths have been reported among the cases - all of which, bar one (in the Philippines) have been in China. 29 cases of coronavirus (2019-nCoV) have been reported in EU/EEA and the UK to date. 3 of these cases were reported in the UK.
- The National Public Health Emergency Team (NPHE) has met three times
- An expert advisory group has been established and its first meeting took place this week
- The Health Threats Coordination Group (a sub-committee of the Government Task Force chaired by the Dept.) has met twice.
- Both the HSE's **National Crisis Management Team** and its **High Consequence Infectious Disease Group** are meeting regularly. Protocols and guidelines for risk assessment and management of novel coronavirus have been issued to GPs, Acute Hospitals, National Ambulance Service, airports and Public Health.

EPSCO, Thursday 13 February

An extraordinary EPSCO (EU Health Ministers) Council meeting will take place on **Thursday morning, 13 February**, beginning at 10 am C.E.T. A decision is required on the Minister's participation.

Coronavirus (2019-nCoV) will be the sole item on the agenda. There will be an exchange of views followed by the adoption of Council Conclusions on the topic. From Monday next, Health Attachés will prepare the draft text of these Council Conclusions in consultation with their capitals.

ENDS

APPENDIX 1

High-Level Videoconference

Public Health implications in Europe of the ongoing disease outbreak caused by the novel coronavirus 2019-nCoV

Friday, 7 February 2020 at 11:00 CET

Speaking Notes

- Thank You Mr President for giving us this opportunity to discuss the Public Health implications in Europe of the ongoing disease outbreak caused by the novel coronavirus 2019-nCoV.
- My thanks also to the Commissioner and to ECDC for their presentations/contributions. Ireland supports the comments of the ECDC and other Member States around the need for ongoing communication regarding good respiratory etiquette, hand hygiene and, of course, the need to continue to reiterate the importance of flu vaccination.
- And now turning to the questions posed in your discussion paper,
- Firstly to say that, while we have had no confirmed cases to date in Ireland, we have activated our national public health emergency system.
- We have a **National Public Health Emergency Team** in place and this is the forum for managing the interface between our Health Ministry and our Health Service during the planning and response phases of a public health emergency.
- We have also established an **Expert Advisory Group** to provide scientific advice and assistance to our Health Ministry and Health Service.

- Our Health Ministry chairs a **Health Threats Coordination Group**, which is a sub-committee of our Government's Task Force on Emergency Planning. We use this Group to inform our colleagues in other Ministries and agencies about the measures being taken in relation to the outbreak.
- Our Health Service has both a **National Crisis Management Team** and a **High Consequence Infectious Disease Group** in place. Protocols and guidelines for risk assessment and management of the novel coronavirus have been issued to General Practitioners, our Acute Hospitals, National Ambulance Service, airports and Departments of Public Health. These will be reviewed and updated as the situation evolves. All of the above Groups are now meeting on a regular basis
- Our Health Protection Surveillance Centre (HPSC) is closely monitoring the emerging situation and it is collaborating with the Health Ministry and other Ministries and Agencies in relation to the progression of the outbreak.
- In terms of challenges, I agree with the views expressed by some colleagues that risk communication remains a priority and it is important that we continue to counter misinformation and disinformation, particularly online, regarding the evolving situation.
- In terms of further cooperation and preparedness for public health emergencies at EU level, Ireland strongly supports the views of Denmark regarding the importance of ensuring that all Member States are kept regularly updated of developments and measures being taken within those States.
- Moving to the second question regarding the availability of emergency personal protective equipment, Ireland has secured stock, and has activated a dedicated Coronavirus Central Procurement Team within our health service. We are currently conducting a demand planning exercise and have already activated a supplier engagement process.
- However, it is clear that the market is highly volatile at present. All healthcare providers globally appear to be stockpiling and there has been a rapid escalation in market price.

- Ireland has indicated its interest in a joint procurement procedure for personal protective equipment. Particularly challenging product groups are appropriate face masks and eye protection.
- Finally, regarding the third question and access to medicines in the EU if the public health emergency persists in China, we are considering the possible short- and long-term impacts of this on the supply of medicines in Ireland.
- Thank You Mr President

Appendix 2

Press Release 6 February 2020

Statement from the National Public Health Emergency Team

15 suspected cases of Coronavirus (2019-nCoV) tested in Ireland

There have been 15 suspected cases of Coronavirus (2019-nCoV) tested in the National Virus Reference Laboratory (NVRL) as of Monday 3 February.

To date, there are no confirmed cases of Coronavirus (2019-nCoV) in Ireland.

Chief Medical Officer of the Department of Health, Dr. Tony Holohan, said; "The event of a confirmed case of Coronavirus (2019-nCoV) in Ireland is possible, given the increase in cases we are seeing internationally. Ireland has comprehensive Public Health and Emergency Plans in place and is prepared for the event of a confirmed case, should one arise."

Dr. Cillian De Gascun, Chair of the Coronavirus Expert Advisory Group, a sub group of the National Public Health Emergency Team said; "We have not seen sustained human-to-human transmission in any other country outside China, which is a positive indicator for

our containment measures. We will continue to monitor the spread and evolution of the virus because there is still a lot to learn, and advise the National Public Health Emergency Team accordingly."

Ireland is well positioned to detect and respond to a case of novel Coronavirus (2019-nCoV) that might arise here.

Dr Vida Hamilton National Clinical Advisor and Group Lead, Acute Hospitals, HSE said; "The HSE has been working with frontline staff in our health service over recent weeks in response to Coronavirus (2019-nCoV). 3,000 personal protection packs have issued to GPs and clinics around the country and will be received in the coming days. All acute hospitals have multi-disciplinary Coronavirus (2019-nCoV) preparedness committees to oversee implementation of the Health Protection Surveillance Centre algorithms and actions."

"The critical care service has developed management guidance for the care of any patients with Coronavirus (2019-nCoV) who should require their services and the National Ambulance Service is actively engaged in risk assessment and the co-ordinated response to case recognition and containment."

"Coronavirus (2019-nCoV) is spread through contact and droplets so good cough and sneeze hygiene, with regular hand washing, is the best way to keep well."

The general public is encouraged to inform themselves on prevention measures issued by HSE and to follow HPSC for regular daily updates.

ENDS//

Notes to the Editor:

No information will be provided about individual activations of these plans or about individual cases of novel Coronavirus (2019-nCoV) other than confirmed cases.

The Health Protection Surveillance Centre website is updated daily at 13.00 with the latest

information about the novel Coronavirus (2019-nCoV). Visit [HPSC.ie](https://www.hpsc.ie)

It can take up to 14 days for symptoms of Coronavirus to show. Symptoms may include:

- a cough
- shortness of breath
- breathing difficulties
- fever (high temperature)

Coronavirus can also cause more severe illness including:

- pneumonia
- severe acute respiratory syndrome
- kidney failure

Things you can do to protect yourself from getting Coronavirus include:

- Wash your hands properly and regularly
- Cover your mouth and nose with a tissue when you cough and sneeze

Wash your hands properly and regularly with soap and water or an alcohol-based hand rub:

- After coughing or sneezing
- After toilet use
- Before eating
- Before and after preparing food
- If you are in contact with a sick person, especially those with respiratory symptoms
- If your hands are dirty
- If you have handled animals or animal waste

Read a step-by-step guide on how to properly wash your hands and help avoid infection

Related submissions

There are no related submissions.

User details

INVOLVED: Daniel Shine
Eddie O'Reilly
Sub_DOH Dep Sec Holohan
Tony Holohan
Sub_DOH Sec Gen Office
Jim Breslin
Sub_DOH Ministers Office
Simon Harris

READ RECEIPT: Daniel Shine
Eddie O'Reilly
Tony Holohan
Jim Breslin
Denise Kelly
Lisa Williamson
Matthew O'Gorman
Sarah Bardon
Pauline Brady
Eileen Ryan

Action log

ACTION	DESCRIPTION	USER	DATE
Create	Submission HLT 00246-20 to Minister created.	Daniel Shine	07/02/2020 17:20
Submit for review	Submission sent for review to Eddie O'Reilly.	Daniel Shine	07/02/2020 18:44
Take ownership	Submission ownership taken by Daniel Shine.	Daniel Shine	07/02/2020 18:54
Submit for review	Submission sent for review to Eddie O'Reilly.	Daniel Shine	07/02/2020 18:56
Submit for review	Submission sent for review to Tony Holohan.	Eddie O'Reilly	07/02/2020 19:00
Submit for review	Submission sent for review to Secretary General on behalf of Tony Holohan.	Tony Holohan	07/02/2020 19:01
Submit for review	Submission sent for review to Minister on behalf of Secretary General.	Jim Breslin	10/02/2020 09:54
Complete	Submission completed by Matthew O'Gorman.	Matthew O'Gorman	24/02/2020 10:51

Proposal for amending the Infectious Diseases Regulations 1981 to make Covid-19 a notifiable disease & Text of EPSCO Speaking Notes and associated Briefing Material

REF #:	HLT 00272-20	AUTHOR:	Daniel Shine
TO:	Minister	OWNER:	Daniel Shine
STATUS:	Completed	REVIEWERS:	Eddie O'Reilly, Daniel Shine, Tony Holohan, Jim Breslin
PURPOSE:	For Decision	DECISION BY:	
DIVISION/OFFICE:	Chief Medical Officer		

Final comment

Approved by Minister Harris - Briefing and Speech material provided to Minister in advance of Extraordinary EPSCO meeting on Thursday 13th Feb

Action required

For Decision (proposal to draft an amendment to the Infectious Diseases Regulations 1981 to make Covid-19 a notifiable disease). For Minister's Information and Attention - Speaking Notes and Brief (for EPSCO 12 February 2020)

Executive summary

1. Decision Sought

The Minister's approval is sought to draft a proposal to amend the Infectious Diseases Regulations 1981 (S.I. No. 390 of 1981) for the purpose of making 'Covid-2019' a notifiable disease and to provide for related matters, including powers for an attending physician to detain a person involuntarily, in the unlikely event that such a course of action is necessary. A separate submission to the Minister will be made shortly.

2. For information & attention of the Minister

EPSCO (13/2/20) Briefing Material and Speaking Notes are attached

Comments

Daniel Shine - 12/02/2020 17:52

Please see attached brief as prepared by Eddie O' Reilly, Noelle Waldron & Collette Bonner. This eSub also seeks the Minister's approval for drafting proposed amendments to the Infectious Diseases Regulations 1981

Tony Holohan - 12/02/2020 18:20

As discussed

Daniel Shine - 12/02/2020 18:37

Tony As discussed, Eddie and I have added the line re powers of detention in both the briefing note and the executive summary of this eSubmission

Matthew O'Gorman - 24/02/2020 10:52

Approved by Minister Harris - Briefing and Speech material provided to Minister in advance of Extraordinary EPSCO meeting on Thursday 13th Feb

Detailed information

Please find attached briefing and speaking notes for EPSCO meeting (12 February 2020)

Related submissions

There are no related submissions.

User details

INVOLVED: Matthew O'Gorman

Daniel Shine

Eddie O'Reilly

Sub_DOH Dep Sec Holohan

Tony Holohan

Sub_DOH Sec Gen Office

Jim Breslin

Sub_DOH Ministers Office

Simon Harris

READ RECEIPT: Daniel Shine

Eddie O'Reilly

Tony Holohan

Lisa Williamson

Jim Breslin

Matthew O'Gorman

Eileen Ryan

Action log

ACTION	DESCRIPTION	USER	DATE
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Create	Submission HLT 00272-20 to Minister created.	Daniel Shine	12/02/2020 17:30
Submit for review	Submission sent for review to Eddie O'Reilly.	Daniel Shine	12/02/2020 17:55
Submit for review	Submission sent for review to Tony Holohan.	Eddie O'Reilly	12/02/2020 18:01
Revert	Submission reverted to Daniel Shine by Tony Holohan.	Tony Holohan	12/02/2020 18:20
Attachment removed	Attachment Briefing note - Covid-19 - 13 February 2020.docx removed.	Daniel Shine	12/02/2020 18:35
Submit for review	Submission sent for review to Tony Holohan.	Daniel Shine	12/02/2020 18:37
Submit for review	Submission sent for review to Secretary General on behalf of Tony Holohan.	Tony Holohan	12/02/2020 18:45
Submission sent	Submission sent by email to Matthew O'Gorman.	Tony Holohan	12/02/2020 18:45
Add involved user	Submission shared with Matthew O'Gorman.	Lisa Williamson	12/02/2020 18:53
Submit for review	Submission sent for review to Minister on behalf of Secretary General.	Jim Breslin	13/02/2020 10:57
Complete	Submission completed by Matthew O'Gorman.	Matthew O'Gorman	24/02/2020 10:52

Council Meeting of Health Ministers
Brussels, 13 February 2020
Briefing note: Covid-19

Extraordinary EPSCO Meeting

An Extraordinary EPSCO meeting will take place on Thursday 13 February 2020 in Brussels to discuss the ongoing Covid-19 situation. Covid-19 will be the sole item on the agenda. The Presidency has provided a discussion paper to help structure the discussion and, in their interventions, Ministers will be asked to endorse Council Conclusions as well as responding to the questions posed.

Adoption of draft Council Conclusions

Ministers will be asked to adopt draft Council Conclusions on the topic. Amongst other things, the draft conclusions express the view that, on the basis that the epidemiological situation is still evolving, “the EU and its Member States should continue to act in a strong and coordinated manner to tackle the threat caused by Covid-19 and to prevent further the transmission of the virus into and within the EU.

Health Attaches in Brussels have been preparing the text. Among other things, some Member States would like to include stronger language regarding the use of quarantine measures. COREPER is currently preparing the final draft text and it is expected that a softer line on quarantine measures will remain in the final draft for Ministers’ consideration and adoption. Ireland fully supports this position which is in line with ECDC’s advice and WHO guidance.

Discussion

The Presidency invites Health Ministers to address the following questions:

1. **How can cooperation between Member States be strengthened in cases where an aligned approach to preventive and preparatory measures is necessary to protect public health? How do you see the role of the Commission in terms of providing support to Member States?**
2. **Bearing in mind that disease outbreak and other severe events in third countries can affect the European market for pharmaceuticals and medical**

equipment, what steps should be jointly undertaken in order to ensure a sustainable supply for the internal market? Which would be the most appropriate tools for achieving this goal?

Background to Covid-19

On 31 December 2019, a cluster of pneumonia cases of unknown cause was reported in Wuhan City, China. On 9 January 2020, China's Centre for Disease Control and Prevention reported that a novel coronavirus (SARS-CoV-2) was detected as the causative agent. On 24 January 2020, the first imported cases (3) of 2019-nCoV were identified in France.

As of 12 February 2020, a total of 45,179 laboratory-confirmed 2019-nCoV cases have been reported. 1,115 deaths have been reported among the cases. In the EU/EEA and UK, a total of 43 laboratory-confirmed cases have been reported. The ECDC, in its latest Risk Assessment (dated 12 February) advises that the risk of SARS-CoV-2 infection for the EU/EEA and UK population in Europe is currently **low**. On 11 February 2020, the World Health Organisation confirmed that the official name of Coronavirus disease is 'Covid-19'. Currently, there are no confirmed cases of Covid-19 in Ireland.

Declaration of a Public Health Emergency of International Concern (PHEIC)

In accordance with the provisions of the International Health Regulations (2005), the World Health Organisation declared, on 30 January 2020, that the outbreak of Covid-19 originating in Wuhan, China, met the criteria for a **Public Health Emergency of International Concern (PHEIC)**.

A PHEIC is defined in the International Health Regulations (IHR) 2005 as, "*an extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response*".

A PHEIC is meant to mobilize international response to an outbreak. It's an opportunity for the WHO, with guidance from its International Health Regulations Emergency Committee, to implement "*non-binding but practically & politically significant measures that can address travel, trade, quarantine, screening, and treatment. WHO can also set global standards of practice.*"

Containment Phase

Europe is now in containment phase where the focus is on surveillance, early detection, isolation of cases, contact management and prevention of onward transmission. Risk communication is an integral part of the containment phase, including the importance of avoiding stigmatisation and ensuring that the public are kept apprised of the measures being taken to facilitate an appropriate response in the event of a confirmed case or cases.

International Issues

In all matters relating to emerging international public health incidents, Ireland follows the advice and guidance of the WHO and the European Centre for Disease Prevention and Control (ECDC).

The latest position, published by the European Centre for Disease Prevention and Control (ECDC) on its website, is that (as of 8 a.m. CET on 12 February) a total of 45,179 laboratory-confirmed Covid-19 cases have been reported in 28 countries (incl. Hong Kong and Macao, which are Special Administrative Regions of China) — 44,665 of these cases have been in mainland China. A total of 1,115 deaths have been reported among the cases — all of which, bar one (in the Philippines) have been in China.

43 cases of Covid-19 have been reported in EU/EEA and UK to date. 8 of these cases were reported in the UK.

The ECDC, in its Rapid Risk Assessment (dated 31 January) advised that there was a **moderate to high likelihood** of further case importation into EU/EEA countries.

The ECDC, in its latest Risk Assessment (dated 12 February) advises that the risk of SARS-CoV-2 infection for the EU/EEA and UK population in Europe is currently **low**.

This assessment is based on the following factors:

- Probability of infection for the EU/EEA and UK population is considered very low. While there have been imported cases reported from seven EU/EEA countries and from the UK, the overall number of cases reported in the area remains low and

containment measures are in place. There are, however, uncertainties regarding transmissibility and under-detection particularly among mild or asymptomatic cases.

- If an infection is acquired, the impact for the infected individuals is considered high. For the population, the impact of one or more infections is also considered high.

To date, there are no confirmed cases of Covid-19 in Ireland.

High-level video-conference meeting of EU Members States

On 6 February 2020, Ireland participated in an informal high-level meeting of Member States related to the outbreak in China of Covid-19.

Following the discussion, the ECDC and the EU Commission presented their views as follows:

The ECDC thanked Member States for supporting their work. They agreed with some Member States that a discussion on quarantine and point of entry measures is needed. They also commented that there is currently some diversity in approaches among the Member States and that this issue was also raised in the European Parliament. ECDC feel that a more harmonised approach would be helpful.

The EU Commission supported those Member States that referenced better coordination and alignment with ECDC recommendations on travel, health care settings and that views regarding quarantine and point of entry measures have been very diverse. The Commission also noted that it is important for Member States to continue to inform ECDC and Commission (Health Security Committee) regarding measures taken and those envisaged.

Chinese Embassy

On 7 February 2020, officials from the Department of Health and the HSE met with the Chinese Ambassador and his officials in relation to the outbreak and future joint cooperation in relation to it.

Irish Preparedness — Current Governance Structures

Ireland has advanced plans in place as part of its comprehensive preparedness to deal with public health emergencies such as Covid-19. These plans have previously assisted in

responding to similar incidents such as pandemic influenza, SARS and MERS. Ireland is, therefore, well-positioned to detect and respond to any case of Covid-19 that might arise here.

In line with National Emergency Management structures, the **National Public Health Emergency Team (NPHE)** has, to date, held four meetings in relation to the outbreak. The NPHE is the forum for managing the interface between the Department of Health and the HSE during the planning and response phases of a public health emergency. Weekly meetings are scheduled, depending on the progression of the outbreak.

An **Expert Advisory Group** has also been established, the first meeting of which took place on Wednesday 5 February. This Group will provide scientific advice and assistance to the NPHE in its work.

Three meetings of the **Health Threats Coordination Group** (which is a sub-committee of the **Government Task Force on Emergency Planning**, chaired by the Department of Health) have been held to date (Friday 24 January, Monday 4 February & Wednesday 12 February) where relevant officials of other Departments and Agencies were briefed by the Department of Health and the HSE as to the measures being taken in relation to the outbreak. Issues such as port health, travel advice, communications as well as advice and guidance to various sectors, including the public, were also discussed.

Both the HSE's National Crisis Management Team and its High Consequence Infectious Disease Group are meeting regularly. Protocols and guidelines for risk assessment and management of novel coronavirus have been issued through the Health Protection Surveillance Centre (HPSC).

Testing for Covid-19

Ireland is well positioned to detect and respond to a case of Covid-19 that might arise here. The capacity to test for Covid-19 has been available in the National Virus Research Laboratory since 31 January 2020. There have been 65 suspected cases of Covid-19 tested in the National Virus Reference Laboratory (NVRL) as of Tuesday 11 February.

Health Protection Surveillance Centre

The HSE's Health Protection Surveillance Centre (HPSC) is closely monitoring the emerging situation and is collaborating with the Department, other Departments and various Agencies in relation to preparedness measures. Details regarding guidance material posted on its website can be seen at Appendix 1.

Guidance Material for Educational Facilities

Guidance and other resources previously circulated to educational facilities (such as colleges, language schools and pre-schools) have recently been updated — these have been forwarded to the Department of Health and then cascaded out via the Department of Education and Science. Home Management guidance is also being developed. A more detailed outline of actions taken by the HSE in relation to preparedness measures implemented by the HSE is included in Appendix 2 to this document.

Travel Advice of the Department of Foreign Affairs and Trade

The Department of Health is in regular contact with the Department of Foreign Affairs and Trade (DFAT) with regard to travel advice. The DFAT monitors the travel advice of EU Member States and other like-minded countries regularly, as well as advice from other relevant organisations, to ensure it is aware of all developments.

On 29 January, DFAT increased the security status rating on our Travel Advice for China from "High Degree of Caution" to "Avoid Non-Essential Travel". Additionally, it advises Irish Citizens not to travel to Wuhan or the province of Hubei. Currently (as at 12 February), DFAT's website includes the following advice:

"In this environment, the advice of the Department [of Foreign Affairs and Trade] is to avoid non-essential travel to and within China. Citizens with underlying medical conditions should not travel to China at this time. As a precautionary measure, if your continued presence in China is not essential, citizens are advised to contact their travel agency or airlines regarding available routes out."

On the main page of its Travel Advice for China, it has provided detailed advice and links to the HPSC, as well as links to the WHO and the ECDC. Information and links to useful

websites have also been placed on the DFAT Travel Advice for countries neighbouring China. The DFAT has not changed the security status rating for any of those countries.

Department of Foreign Affairs — Repatriation & Related Matters

The Department of Foreign Affairs and Trade (DFAT) has advised that it is actively monitoring developments regarding the Novel Coronavirus in China. Working with the Irish Embassy in Beijing, and in close cooperation with the European External Action Service, EU Member States, and other like-minded countries, DFAT has been working to assist Irish citizens who want to be evacuated from Hubei Province, which is currently the only region under lockdown.

Of the approximately 20 Irish citizens/dependents in Hubei Province, six have requested evacuation. These were successfully evacuated aboard two separate UK flights – three on 31st January, and three more on 9th February — and are being quarantined in the UK. Quarantine ends for the original three this weekend, when they will be free to travel back to Ireland.

Ireland's Embassy in Beijing and Consulate General in Shanghai is also in regular contact with members of the Irish community in China, and has been providing information and advice to them. The DFAT continues to deal with a wide range of concerns and queries from Irish citizens across China and the wider region.

Interaction with the UK

The Department of Health and the HSE maintain regular close contact with their counterparts in both Northern Ireland and the UK regarding potential cross-border threats to health. This cooperation and communication remains the case during the course of the current outbreak of Covid-19 and the recent declaration of a Public Health Emergency of International Concern by the World Health Organisation.

While no longer a member of the EU, the UK has attended teleconference meetings of the Health Security Committee and briefed Member States as to actions it has taken.

Proposed legislative amendment

The Minister's approval is sought to draft a proposal to amend the Infectious Diseases Regulations 1981 (S.I. No. 390 of 1981) for the purpose of making 'Covid-2019' a notifiable disease and to provide for related matters, including powers for an attending physician to detain a person involuntarily, in the unlikely event that such a course of action is necessary. A separate submission to the Minister will be made shortly.

Potential impact of Covid-19 on global supply of medicines and medical devices

No medicine shortages, currently affecting the Irish market are resulting from the impact of Covid-19 in third countries. The Health Products Regulatory Authority (HPRA), which coordinates Ireland's response to medicine shortages, as part of the multi-stakeholder Medicine Shortages Framework, has not received any signals of future medicine supply issues as a result of the impact of the Covid-19. The HPRA continues to monitor for possible supply issues and have maintained communication with stakeholders domestically, via the Medicine Shortages Framework so that no unilateral or uncoordinated actions are taken that could disrupt the domestic supply chain.

This issue is a global one and needs therefore requires coordinated action in terms of communication, collaboration and information sharing across multiple regions. In Europe, the European Medicines Agency (EMA) is leading out on this approach. The (EMA) has already consulted with the EU network on availability of medicines and none, including the EMA, so far have identified any issues that impact the supply of medicines resulting from the coronavirus. Additionally, the EMA is setting up, in consultation with the European Commission and the Heads of Medicines Agencies, a coronavirus Steering Group on the availability of medicines to provide a strategic steer in case of shortages of medicines due to the coronavirus that require urgent and coordinated action within the Network to manage and control the situation.

The EMA has also had meetings with other agencies such as the US Food and Drug Administration (FDA), Health Canada, the Australian medicines agency TGA and the UK Medicines & Healthcare products (MHRA) where it is apparent that other jurisdictions are looking at a similar landscape.

There is poor information relating to devices on the EU market, which makes the impact of Covid-19 on devices in the EU more difficult to estimate. A coordinated approach as outlined for medicines considering communications, collaboration and information sharing remains likely the best approach in this regard.

APPENDIX 1 — HPSC INFORMATION AND GUIDANCE

The HPSC's website currently provides:

- Advice for anyone travelling to or returning from Wuhan
- Guidance on management of persons suspected of having Covid-19
- Assessing exposure & contact identification for a confirmed case
- Risk assessment by ambulance services
- Risk assessment in Primary Care
- Risk assessment in Hospital Settings.

It also provides the following information (which is updated regularly):

- Algorithms for Irish healthcare settings
- Clinical management for novel coronavirus (link to WHO guidance)
- Educational settings guidance
- Infection Prevention and Control guidance for hospitals and primary care
- Laboratory testing guidance
- Frequently Asked Questions.

These are reviewed and updated as the situation evolves.

APPENDIX 2 — HSE PREPAREDNESS

HSE Preparedness Measures (as at 6 February 2020)

- HSE has Public Health and Emergency Management Frameworks that constantly monitor for issues and threats and ensure appropriate plans for responding to these threats are up to date and rehearsed.
- HSE Public Health and HSE Health Protection Surveillance Centre (HPSC) have been monitoring the Covid-19 situation since it was notified and have been developing plans to respond.
- The HSE High Consequences Infectious Diseases Planning and Coordination Group (HCID) is comprised of Public Health, National Ambulance Service, HPSC, Acute Operations, Community Operations, the National Virus Reference Laboratory and Logistics and Inventory Management.
- The HCID has been working at a detailed level on this situation since early January, and have put in place detailed plans and issued guidance and information in preparedness across the health service.
- This group has been meeting three times weekly and will adjust this as appropriate.
- The HSE Emergency Management Protocols are in place alongside the Public Health Emergency Plans and we are using these to effectively manage the situation as it evolves.
- The NCMT and the HCID are making decisions regarding specific operational requirements as they emerge:
 - Agreeing and signing off protocols, procedures and updates to be followed by, Primary Care, Acute Hospitals, National Ambulance Service and Public Health in dealing with the disease.
 - Agreeing logistical arrangements regarding testing and transport required for dealing with any cases that may arise.
 - Communicating with Educational Institutions, NGOs and other relevant agencies regarding protocols in place for dealing with suspect cases.
 - Engaging with Sea Ports and Airports health management regarding queries and suspect cases.
 - Securing Personal Protective Equipment supplies.

- Winter Action Teams are also addressing any actions related to Coronavirus at the local Community and Hospital Group Level.
- All hospitals have critical care surge plans to deal with any increase in capacity demand as a result of this virus.
- The National Ambulance Service have triage and treatment protocols in place specifically related to the virus and are coordinating with other agencies to ensure the appropriate response, e.g. Dublin Fire Brigade.
- The Health Protection Surveillance Centre is monitoring the outbreak and associated risks closely in collaboration with ECDC and WHO. Daily updates are being provided by the HSE through its Health Protection Surveillance Centre on its website www.hpsc.ie and www.hse.ie.
- The HPSC's website currently provides the following information (which is updated regularly):
 - Algorithms for Irish healthcare settings
 - Clinical management for novel coronavirus (link to WHO guidance)
 - Educational settings guidance
 - Infection Prevention and Control guidance for hospitals and primary care
 - Laboratory testing guidance
 - Frequently Asked Questions.

These will be reviewed and updated as the situation evolves.

Council Meeting of Health Ministers
Brussels, 13 February 2020
Speaking note: Covid-19

- Thank You Mr President for arranging this meeting and giving us the opportunity to discuss the Public Health implications in Europe of the ongoing disease outbreak caused by Covid-19.
- My thanks also to the Commissioner and to ECDC for their presentations/contributions.
- Firstly, I want to say that Ireland fully endorses the draft Council Conclusions. In all matters relating to emerging international public health incidents, Ireland follows the advice and guidance of the WHO and the European Centre for Disease Prevention and Control.
- It is important that all Member States have access evidenced based information in relation to this virus in a timely fashion.
- I also agree that all Member States should act together in a coordinated and proportionate manner in order to limit the spread of the virus.
- As you will be aware, Ireland has no confirmed cases of Covid-19 to date. Nevertheless, we have activated our national public

health emergency system and I want to give colleagues a brief outline of the structures we have in place.

- We have a **National Public Health Emergency Team** in place and this is the forum for managing the interface between our Health Ministry and our Health Service during the planning and response phases of a public health emergency.
- We have also established an **Expert Advisory Group** to provide scientific advice and assistance to our Health Ministry and Health Service.
- Our Health Ministry chairs a **Health Threats Coordination Group**, which is a sub-committee of our Government's Task Force on Emergency Planning. We use this Group to inform and collaborate with our colleagues in other Ministries and agencies on issues relating to preparedness.
- Our Health Service has both a **National Crisis Management Team** and a **High Consequence Infectious Disease Group** in place. Protocols and guidelines for risk assessment and management of the novel coronavirus have been issued to General Practitioners, our Acute Hospitals, National Ambulance Service, ports of entry, and Departments of Public Health. These

will be reviewed and updated as the situation evolves. All of the above Groups are now meeting on a regular basis.

- Our Health Protection Surveillance Centre (HPSC) is closely monitoring the emerging situation and it is collaborating with the Health Ministry and other Ministries and Agencies in relation to the progression of the outbreak.
- And now turning to the questions posed in your discussion paper:
- Firstly, in relation to how cooperation between Member States can be strengthened, Ireland strongly supports the view that we as Member States should harmonise our approach towards containment and mitigation and do our utmost to inform each other of developments and proposed measures.
- The Commission can play a lead role here in supporting the efficient exchange of information, as well as promoting the dissemination of key scientific information as it emerges.
- Secondly, regarding what steps should be jointly undertaken to ensure a sustainable supply of pharmaceuticals and medical devices for the internal market, Ireland's view is that a coordinated approach for medicines and medical devices, which

considers communications, collaboration and information sharing, remains likely the best approach in this regard.

- Thank you Mr President.

Infectious Diseases (Amendment) Regulations 2020

REF #:	HLT 00320-20	AUTHOR:	Daniel Shine
TO:	Minister	OWNER:	Daniel Shine
STATUS:	Completed	REVIEWERS:	Eddie O'Reilly, Tony Holohan, Jim Breslin
PURPOSE:	For Signature	DECISION BY:	
DIVISION/OFFICE:	Chief Medical Officer		

Final comment

Approved by Minister Harris - SI signed and will be returned to the unit.

Action required

The Minister's signature is required on the hard copy version of the attached Statutory Instrument.

Executive summary

The World Health Organisation (WHO) declared on 30th January 2020 that the outbreak of Coronavirus (Covid-19) originating in Wuhan, China, meets the criteria for a Public Health Emergency of International Concern (PHEIC). On 12 February 2020, the novel coronavirus was named severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), while the disease associated with it is now referred to as COVID-19. It is a new strain of coronavirus that has not been previously identified in humans.

These Regulations amend the Schedule to the Infectious Diseases Regulations 1981 (S.I. No. 390 of 1981) to include Covid-19 amongst the list of diseases designated as an 'infectious disease' for the purposes of the Health Act 1947 - all diseases that are so designated are required to be notified to a medical officer of health. *For the purposes of the attached Regulations, SARS-CoV-2 is referred to as the causative pathogen and Covid-19 is referred to as the Disease / Infectious Disease .*

These Regulations also amend Regulation 8 of the Infectious Diseases Regulations 1981 to provide for the inclusion of Covid-19 amongst the list of infectious diseases that a person (who is a probable source of infection with the disease) may be detained and

isolated. Inclusion of this provision is in line with precedent for other infectious diseases of a serious nature and is included in the Regulations largely as a precautionary measure. It is not envisaged that such powers would be used in practice.

Comments

Daniel Shine - 19/02/2020 19:08

Eddie The Minister is in the Oireachtas tomorrow - Minister's Office has advised that it can bring a copy of this brief and the SI over to him in the morning. I will ask Eileen or Alan to prepare a folder for the Minister to include a copy of this submission and the SI such that we can get sign off and progress speedily to getting SI number / final publication. I'm including Pauline, Helen and Matt O' Gorman as having access to this submission such that all are in the loop re sign-off. Daniel Daniel

Daniel Shine - 20/02/2020 10:17

Eddie - text of submission revised as discussed. Note that some of the references re the purpose of the regs can't be added to the exec summary without going over the word count

Eddie O'Reilly - 20/02/2020 11:18

Tony, The official stamped version of the Regulations is now in the Minister's office in Leinster House and ready for signature.

Matthew O'Gorman - 20/02/2020 17:32

Approved by Minister Harris - SI signed and will be returned to the unit.

Detailed information

Background

The World Health Organisation (WHO) declared on 30th January 2020 that the outbreak of Coronavirus (Covid-19) originating in Wuhan, China, meets the criteria for a Public Health Emergency of International Concern (PHEIC) in accordance with the provisions of the International Health Regulations (2005). On 12 February 2020, WHO officially named the novel coronavirus as Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2), while the disease associated with it is now referred to as COVID-19. It is a new strain of coronavirus that has not been previously identified in humans.

Europe is now in containment phase where the focus is on surveillance, early detection, isolation of cases, contact management and prevention of onward transmission. Lots of unknowns still remain in relation to Covid-19 (i.e. extent of clinical severity, source of the virus, vaccines, therapeutics etc.).

Ireland has advanced plans in place as part of its comprehensive preparedness to deal with such public health emergencies as Covid-19. These plans have previously underpinned Ireland's response to similar incidents such as pandemic influenza, SARS and MERS.

In line with the procedures previously used for the above-mentioned emergencies, it is now necessary to provide statutory recognition of Covid-19 as an 'infectious disease' for the purposes of implementation of the relevant provisions of the Health Act 1947 (as amended) and the Infectious Diseases Regulations 1981 (as amended). In particular, statutory recognition of Covid-19 as an 'infectious disease' ensures that medical practitioners are required to notify any case of the disease that they become aware of, or suspect, to a medical officer of health (which is subsequently relayed to the HSE's Health Protection Surveillance Centre). *For the purposes of the attached Regulations, SARS-CoV-2 is referred to as the causative pathogen and Covid-19 is referred to as the Disease / Infectious Disease (in the amended Schedule to the 1981 Regulations).*

Detail of Regulations

These Regulations amend the Schedule to the Infectious Diseases Regulations 1981 (S.I. No. 390 of 1981) to include Covid-19 amongst the list of diseases designated as an 'infectious disease' for the purposes of the Health Act 1947, in accordance with Regulation 6 of those Regulations – all diseases that are so designated are required to be notified (by a medical practitioner who becomes aware of or suspects an instance of such disease) to a medical officer of health and are subsequently relayed to the HSE's Health Protection Surveillance Centre in accordance with Regulation 14 of the 1981 Regulations (as amended).

These Regulations also amend Regulation 8 of the Infectious Diseases Regulations 1981 to provide for the inclusion of Covid-19 amongst the list of infectious diseases that a person (who is a probable source of infection with the disease) may (as a necessary safeguard against the spread of the disease) be detained and isolated for, in accordance with the Health Act 1947. In practice, any such detention / isolation measure requires an order in writing by a chief medical officer (e.g. a Director of Public Health in the HSE) and counter-signed by another medical practitioner (e.g. a Specialist in Public Health Medicine). Inclusion of this provision is in line with precedent for other infectious diseases of a serious nature and is included in the Regulations largely as a precautionary measure (as any suspected cases are far more likely to adhere to self-isolation procedures implemented by the HSE).

These Regulations (Regulations 3(b) and (c)) also provide for the preliminary notification (i.e. immediate notification by telephone as well as transmission in writing) of Covid-19.

The text of the Regulations have been considered and approved by the Department's Legal Unit and prepared and signed off by the Office of the Parliamentary Counsel.

A hard-copy of this submission and the attached regulations (with Ministerial Seal) will be forwarded to the Minister. The Minister's signature is required on the Regulations.

The Minister's attention is drawn to the preamble to the Regulations which differs from the standard version that the Minister would have received in previous cases. Parliamentary Counsel advises that this is the phrasing used where the Government is operating in an acting capacity.

Next Steps

Once the Regulations have been signed by the Minister, Legal Unit will obtain an S.I. Number and the final published version of the S.I. will be provided by the Printers. Details as to the number of the S.I. and a copy of the published document will be provided to the Office of the Attorney General.

Given the significance of the S.I. in relation to the safeguarding of public health, it is proposed that the following steps be taken on foot of final publication of the S.I.. The Department, on behalf of the Minister, shall issue a copy of the S.I. to the CEO of the HSE - a copy will also be provided to the Assistant National Director of Public Health of the HSE, the Acting Director of the HPSC and the Director of the National Virus Research Laboratory for information.

Related submissions

HLT 00352-20: Letter to CEO of the HSE - Infectious Diseases (Amendment) Regulations 2020 (S.I. No. 53 of 2020)

User details

INVOLVED: Daniel Shine
Eddie O'Reilly
Sub_DOH Dep Sec Holohan
Tony Holohan
Sub_DOH Sec Gen Office
Jim Breslin
Sub_DOH Ministers Office
Simon Harris

READ RECEIPT: Daniel Shine
Eddie O'Reilly
Tony Holohan
Jim Breslin
Joanne Lonergan
Matthew O'Gorman
Pauline Brady
Sarah Bardon
Eileen Ryan

Action log

ACTION	DESCRIPTION	USER	DATE
Create	Submission HLT 00320-20 to Minister created.	Daniel Shine	19/02/2020 17:41
Submit for review	Submission sent for review to Eddie O'Reilly.	Daniel Shine	19/02/2020 19:11
Submission sent	Submission sent by email to Pauline Brady, Helen Reddin, Matthew O'Gorman, Ronan Glynn, Colette Bonner. Message: Colleagues Please see attached submission, being forwarded to you for information Daniel	Daniel Shine	19/02/2020 19:13
Take ownership	Submission ownership taken by Daniel Shine.	Daniel Shine	20/02/2020 09:24
Submit for review	Submission sent for review to Eddie O'Reilly.	Daniel Shine	20/02/2020 10:17
Submit for review	Submission sent for review to Tony Holohan.	Eddie O'Reilly	20/02/2020 11:18
Submission sent	Submission sent by email to Pauline Brady, Helen Reddin. Message: Pauline / Helen Including you on memo such that Tony is kept aware of progress	Eddie O'Reilly	20/02/2020 11:21
Submit for review	Submission sent for review to Secretary General on behalf of Tony Holohan.	Tony Holohan	20/02/2020 11:32
Submit for review	Submission sent for review to Minister on behalf of Secretary General.	Jim Breslin	20/02/2020 11:52
Complete	Submission completed by Matthew O'Gorman.	Matthew O'Gorman	20/02/2020 17:32



STATUTORY INSTRUMENTS.

S.I. No. of 2020

INFECTIOUS DISEASES (AMENDMENT) REGULATIONS 2020

S.I. No. of 2020

INFECTIOUS DISEASES (AMENDMENT) REGULATIONS 2020

The Minister for Health, in exercise of the powers conferred on him by sections 5, 29 and 31 of the Health Act 1947 (No. 28 of 1947) hereby makes the following regulations:

1. These Regulations may be cited as the Infectious Diseases (Amendment) Regulations 2020.

2. In these Regulations, "Regulations of 2007" means the Infectious Diseases (Amendment) Regulations 2007 (S.I. No. 559 of 2007).

3. The Infectious Diseases Regulations 1981 (S.I. No. 390 of 1981) are amended -

- (a) in Regulation 8 (amended by Regulation 4(3) of the Regulations of 2007) by the insertion before "diphtheria" of "Covid-19,"
- (b) in Regulation 14(1)(b) (amended by Regulation 4(6) of the Regulations of 2007) by the insertion before "diphtheria" of "Covid-19,"
- (c) in Regulation 15(2)(a) (amended by Regulation 4(7) of the Regulations of 2007) by the insertion before "diphtheria" of "Covid-19," and
- (d) by the substitution of the following Schedule for the Schedule (amended by Regulation 2(b) of the Infectious Diseases (Amendment) Regulations 2018 (S.I. No. 567 of 2018)) to those Regulations:

“SCHEDULE

Diseases specified to be infectious diseases and their respective causative pathogens

Disease	Causative Pathogen
Acute anterior poliomyelitis	Polio virus
Ano-genital warts	Human papilloma virus
Anthrax	Bacillus anthracis
Bacillus cereus food-borne infection/intoxication	Bacillus cereus
Bacterial meningitis (not otherwise specified)	
Botulism	Clostridium botulinum
Brucellosis	Brucella species
Campylobacter infection	Campylobacter species
Carbapenemase producing enterobacteriaceae, infection or colonisation	Enterobacteriaceae
Chancroid	Haemophilus ducreyi

Chickenpox - hospitalised cases	Varicella-zoster virus
Chikungunya disease	Chikungunya virus
Chlamydia trachomatis infection (genital)	Chlamydia trachomatis
Cholera	Vibrio cholerae
Clostridium difficile infection	Clostridium difficile
Clostridium perfringens (type A) food-borne disease	Clostridium perfringens
Covid-19	SARS-CoV-2
Creutzfeldt Jakob disease	
variant Creutzfeldt Jakob disease	
Cryptosporidiosis	Cryptosporidium parvum, hominis
Cytomegalovirus infection (congenital)	Cytomegalovirus
Dengue Fever	Dengue Virus
Diphtheria	Corynebacterium diphtheriae or ulcerans (toxin producing)
Echinococcosis	Echinococcus species

Enterococcal bacteraemia	Enterococcus species (blood)
Escherichia coli infection (invasive)	Escherichia coli (blood, CSF)
Giardiasis	Giardia lamblia
Gonorrhoea	Neisseria gonorrhoeae
Granuloma inguinale	Klebsiella granulomatis
Haemophilus influenzae disease (invasive)	Haemophilus influenzae (blood, CSF or other normally sterile site)
Hepatitis A (acute) infection	Hepatitis A virus
Hepatitis B (acute and chronic) infection	Hepatitis B virus
Hepatitis C infection	Hepatitis C virus
Hepatitis E Infection	Hepatitis E virus
Herpes simplex (genital)	Herpes simplex virus
Herpes simplex (neonatal)	Herpes simplex virus
Human immunodeficiency virus infection	Human immunodeficiency virus
Influenza	Influenza A and B virus

Klebsiella pneumoniae infection (invasive)	Klebsiella pneumoniae (blood or CSF)
Legionellosis	Legionella species
Leprosy	Mycobacterium leprae
Leptospirosis	Leptospira species
Listeriosis	Listeria monocytogenes
Lyme disease (neuroborreliosis)	Borrelia burgdorferi
Lymphogranuloma venereum	Chlamydia trachomatis
Malaria	Plasmodium falciparum, vivax, knowlesi, ovale, malariae
mcr-positive Enterobacteriaceae infection or colonisation	Enterobacteriaceae
Measles	Measles virus
Meningococcal disease	Neisseria meningitidis
Mumps	Mumps virus
Non-specific urethritis	
Novel or Rare Antimicrobial-resistant	

Organism (NRAO)

Noroviral infection	Norovirus
Paratyphoid	Salmonella Paratyphi
Pertussis	Bordetella pertussis
Plague	Yersinia pestis
Pseudomonas aeruginosa infection (invasive)	Pseudomonas aeruginosa (blood or CSF)
Q Fever	Coxiella burnetii
Rabies	Rabies virus
Respiratory syncytial virus infection	Respiratory syncytial virus
Rotavirus infection	Rotavirus
Rubella	Rubella virus
Salmonellosis	Salmonella spp other than S. Typhi and S. Paratyphi
Severe Acute Respiratory Syndrome (SARS)	SARS-associated coronavirus
Shigellosis	Shigella species

Smallpox	Variola virus
Staphylococcal food poisoning	Enterotoxigenic <i>Staphylococcus aureus</i>
<i>Staphylococcus aureus</i> bacteraemia	<i>Staphylococcus aureus</i> (blood)
Streptococcus group A infection (invasive)	<i>Streptococcus pyogenes</i> (blood, CSF or other normally sterile site)
Streptococcus group B infection (invasive)	<i>Streptococcus agalactiae</i> (blood, CSF, or other normally sterile site)
<i>Streptococcus pneumoniae</i> infection (invasive)	<i>Streptococcus pneumoniae</i> (blood, CSF or other normally sterile site)
Syphilis	<i>Treponema pallidum</i>
Tetanus	<i>Clostridium tetani</i>
Toxoplasmosis	<i>Toxoplasma gondii</i>
Trichinosis	<i>Trichinella</i> species
Trichomoniasis	<i>Trichomonas vaginalis</i>
Tuberculosis	<i>Mycobacterium tuberculosis</i> complex
Tularemia	<i>Francisella tularensis</i>

Typhoid	Salmonella Typhi
Typhus	Rickettsia prowazekii
Verotoxigenic Escherichia coli infection	Verotoxin producing Escherichia coli
Viral encephalitis	
Viral haemorrhagic fevers	
Viral meningitis	
West Nile fever	West Nile virus
Yellow fever	Yellow fever virus
Yersiniosis	Yersinia enterocolitica, Yersinia pseudotuberculosis
Zika virus infection	Zika virus".

GIVEN under the Official Seal of the
Minister for Health,
_____ 2020.

Minister for Health.

EXPLANATORY NOTE

(This note is not part of the Regulation and does not purport to be a legal interpretation)

These Regulations (Regulation 3(d)) amend the Schedule to the Infectious Diseases Regulations 1981 (S.I. No. 390 of 1981) to include Covid-19 amongst the list of diseases designated as an 'infectious disease' for the purposes of the Health Act 1947, in accordance with Regulation 6 of those Regulations – all diseases that are so designated are required to be notified (by a medical practitioner who becomes aware or suspects an instance of such disease) to a medical officer of health and are subsequently relayed to the HSE's Health Protection Surveillance Centre in accordance with Regulation 14 of the 1981 Regulations (as amended).

These Regulations (Regulation 3(a)) also amend Regulation 8 of the Infectious Diseases Regulations 1981 to provide for the inclusion of Covid-19 amongst the list of infectious diseases that a person (who is a probable source of infection with the disease) may (as a necessary safeguard against the spread of the disease) be detained and isolated for, in accordance with the Health Act 1947.

These Regulations (Regulations 3(b) and (c)) also provide for the preliminary notification (i.e. immediate notification by telephone) of Covid-19.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ó
FOILSEACHÁIN RIALTAIS,
52 FAICHE STIABHNA, BAILE ÁTHA CLIATH 2,
D02 DR67.

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Submission HLT 00408-20: Correspondence in relation to Acute Hospital Preparations for COVID-19

TO: Minister
STATUS: Completed
PURPOSE: For Information
DIVISION: Corporate Division
DECISION BY:

AUTHOR: Lisa Williamson
OWNER: Lisa Williamson
REVIEWERS:

Final comment

Noted, with thanks, Simon

Action required

Please see attached correspondence for information from CEO Paul Reid, HSE and Reply from SG Breslin

Executive summary

Correspondence received from CEO Paul Reid HSE in relation to Acute Hospital Preparations for COVID-19 on 2 March 2020 and a reply was issued by Secretary General Breslin on 3 March 2020.

Detailed information

Related submissions

There are no related submissions.

Comments

Lisa Williamson - 04/03/2020 17:36
For information of the Minister

Simon Harris - 31/03/2020 11:21
Noted, with thanks,

Simon

User details

INVOLVED: Lisa Williamson
Sub_DOH Ministers Office
Simon Harris

READ RECEIPT: Lisa Williamson
Sarah Bardon
Matthew O'Gorman
Simon Harris
Denise Kelly



2 March 2020

Our Ref: PR/AM
CEO Ref: 01241

Mr. Jim Breslin
Secretary General
Department of Health
Block 1, Miesian Plaza
50-58 Lower Baggot St.
Dublin 2
D02 XW14

Re: Acute Hospital Preparations for COVID-19

Dear Jim,

The HSE continues our preparation for the likely increase in activity associated with COVID-19 across the health services. We are regularly presenting update reports on actions completed and in train to NPHET

Broadly our strategy will be to differentiate between generally well people with COVID-19 who can self-isolate at home or in a health setting and require primary / community health service support and those who either require hospital admission or are at clinical risk of deteriorating and will need clinical monitoring.

For the latter group, we have been working on a range of acute hospital actions that will maximise the available acute hospital capacity to provide appropriate care for patients. To respond to the next instances of major surge we have already undertaken the following actions:

- Identified general acute isolation capacity in hospitals
- Incorporated the specialised isolation capacity of the National Isolation Unit within the general operational response
- Updated our National and each hospital's Critical Care Major Surge Capacity Plans
- Commenced the process of identifying additional major surge critical care capacities within hospitals
- Augmented inter-hospital transferring capabilities to decant patients from ICU services and implement a mandatory repatriation policy to assist hospitals in surge

We will continue to identify further general isolation and critical care capacity within the current services that we can utilise if needed. It is important to flag that the HSE may need to also implement a range of actions such as the curtailment of non-essential ICU dependent activity within hospitals to lessen the requirement for day to day critical care capacity where we experience an increased need for critical care beds.

Initial indications from our modelling group and international experience to date suggest that we now need to plan for a significant increase in volume for ICU services beyond the actions listed above.

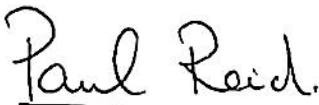
We have previously presented to NPHET the range of critical care surge options that the NCMT are now moving to operationalise. It is clear however that we need in the short term to put in place additional critical care capacity. Our strategic options for additional capacity in the short term are:

- Commission an additional 20 adult and 2 paediatric critical care beds in hospitals with existing ICU spaces to augment current capacity
- Commence discussions with private hospital providers with critical care capacity to support local hospitals when needed

Appendix I lists the specifics of these action areas and the anticipated costs. It is important to note that the lead in time to operationalise these actions is typically significant but we will ensure there is a focus on delivery of this additional capacity in as short a timescale as possible if you can agree to support our proposal.

We also wish to augment the capacity of the National Isolation Unit both for general medical patients and critical care and Appendix II contains a separate proposal on this requirement.

Yours sincerely,



Paul Reid
Chief Executive Officer

Appendix I – Critical Care Capacity Requirements

Additional ICU capacity in strategic locations

Phase I – Immediate Commissioning

Hospital	Additional Capacity	Cost
Beaumont	2 additional ICU beds	€1.6
St. James	2 additional ICU beds	€1.6
University Hospital Waterford	1 additional ICU bed	€0.8
Limerick	2 additional ICU beds + 2 additional HDU beds	€1.9
CUH	3 additional ICU beds	€2.4
St. Vincent's	3 ICU beds (upgrade of HDU)	€1.3
Mater Hospital	3 additional ICU beds + upgrade of 1 ICU bed for isolation	€2.4
Tullamore	2 additional ICU beds	€1.6
CHI	2 additional ICU beds	€1.1
Total	20 Adult ICU Beds 2 Paediatric ICU Beds	€14.7m

Phase II – 3 -6 month Commissioning Timeframe

Hospital	Additional Capacity	Cost
Mercy Hospital	1 additional ICU bed	€0.8
Kerry Hospital	1 additional ICU bed	€0.8
Tullamore	1 additional ICU bed	€0.8
St. Vincent's	2 additional ICU beds	€2.7
Total	5 Adult ICU Beds	€5.1

Temporary Critical Care Capacity

Seek contingency funding for private ICU hospital capacity at following locations

- Blackrock
- Mater Private
- Hermitage
- Galway Clinic
- Beacon Hospital
- Others as appropriate

Expenditure would only be incurred if patients require transfer. This could be funded through the NTPF if agreed.

Appendix II – Mater Hospital National Isolation Unit Capacity Requirements

Phase I

Staffing:

	1 X FTE cost	Total
3 FTE medical registrars	611,76.00	183,528.00
5 FTE staff nurses	42,728.40	213,642.00
2 FTE Health Care Assistants	35,790.00	71,580.00
Overheads & Consumables		140,625.00
		<u>609,375.00</u>

Equipment:

2X Armstrong FD 140	7008.68	14,017.36
2 station telemetry monitor with ECG, SpO2, NIBP, ABP Capability	17,790.00	17,790.00
6 X Classic Littman Stethoscope	80.00	480.00
		<u>32,287.36</u>

Phase II

Staffing:

2 x CNM2	53,843.00	107,686.00
1 X Laboratory (Medical) Scientist	44,264.00	44,264.00
Overheads & Consumables		45,585.00
		<u>197,535.00</u>

Infrastructure:

Room 1 remodel	300,000.00	300,000.00
Room 1 Autoclave	45,000.00	45,000.00
Training Space	5,000.00	5,000.00
ICU/HDU & ED	35,000.00	35,000.00
		<u>385,000.00</u>

Subtotal:

Capital/Once Off	385,000.00
Equipment/Once Off	32,287.00
Reoccurring	806,910.00

Total:

€1,224,197.00



Mr Paul Reid
Chief Executive Officer
Health Service Executive
Dr Steevens' Hospital
Dublin 8

3 March 2020

Our ref: QC2020/22844

Re: Acute Hospital Preparations for COVID-19

Dear Paul,

I refer to your letter of yesterday evening in relation to Acute Hospital Preparations for Covid-19.

A sub-group of NPHET has been established on acute hospital preparedness and I expect that further HSE preparations will be identified and put in train through this process. However, at this stage the Department is happy to agree to support the proposals outlined in your letter and their early implementation. Officials will engage further in this context.

I can confirm the Department of Public Expenditure and Reform has been advised of this matter.

Yours sincerely,

Jim Breslin

Secretary General

Submission HLT 00446-20: Cervical Check Tribunal - Establishment

TO: Minister
STATUS: Completed
PURPOSE: For Decision

AUTHOR: Stephen Brophy
OWNER: Stephen Brophy
REVIEWERS: greg dempsey
Jim Breslin

DIVISION: Governance and Performance
DECISION BY:

Final comment

Approved

Action required

Approve a delay to the Establishment of the Tribunal until medical advice that it is safe to proceed. Note the attached draft statement to that effect.

Executive summary

As the Minister is aware, previous submission 00356-20 contained a Memo for Information of Government that was **not** brought to Government following discussion with Government Secretariat.

Following correspondence with the Chairperson, the Department is of the view that to proceed to establishment now would cause significant distress to the cohort of eligible claimants - all of whom have had cancer and many of whom are at elevated risk in relation to COVID-19.

A delay until the CMO advises that major restrictions can be lifted would not cause undue negative consequences in the circumstances. Officials will finalise the necessary preparations so that the Tribunal can proceed to establishment as soon as possible. The Unit will keep the situation under review and will make a recommendation as soon as it is possible to proceed.

In considering this position, the Department has reviewed the policy of the Courts Service - the High Court will not be hearing any new personal injury cases for the rest of the current term, and has substantially limited other sittings. As such no Cervical Check Claimant will be able to proceed in the Courts at this time.

Detailed information

The administrative arrangements in respect of the Tribunal are close to finalisation. The chairperson has visited the premises and has expressed her satisfaction with these. She feels that they will be very suitable and comfortable for claimants and has commended the OPW and the Department. In fact, she feels that they demonstrate a level of facility that should be the model for future developments in family law and other cases of vulnerable individuals.

The remaining preparations for the Tribunal will be concluded by the end of March 2020, notwithstanding the disruption caused by COVID-19. The Minister is empowered to establish the Tribunal at any point.

Giving the developing situation regarding COVID-19, the Department has engaged in a brief email consultation with the 221+ representative group, who have indicated "all are in agreement that the public health concerns at the moment clearly warrant delaying the establishment of the Tribunal for the time being".

The Tribunal Chairperson also agrees and officials have discussed the proposal with the office of the Chief Medical Officer, who have indicated that, in their view, a postponement is appropriate due to the advice on social distancing that is issuing.

A small staff will be transferred to the Tribunal premises in Smithfield from next week, to ensure that the building is up to operating standard.

Statement re: Cervical Check Tribunal (for website)

Given the ongoing and quickly evolving situation in relation to Covid-19 the decision has been made to delay the establishment of the CervicalCheck Tribunal. This decision has been made in response to both the measures which were

announced by the Taoiseach on the 12th March and the understanding that the intended claimants have all experienced medical difficulties and may be considered to be at risk if they were to contract the virus. The situation will be monitored and further updates in relation to the establishment of the Tribunal will be posted on this website and communicated to the relevant support groups. As soon as medical advice recommends that it would be safe and prudent to establish the Tribunal all steps necessary to do so will be taken as expeditiously as possible

Related submissions

There are no related submissions.

Comments

Stephen Brophy - 13/03/2020 16:24

Greg
As discussed
S

greg dempsey - 13/03/2020 16:42

We'll run the final communication past the experts before we issue.

Jim Breslin - 13/03/2020 16:53

What is the position with the civil Courts generally? Would seem relevant. For those determined to achieve an early resolution a delay in establishing the Tribunal would leave them with the High Court as their only option.

Also what is the status of the 221 consultation. Can we reference it when asked?

Stephen Brophy - 13/03/2020 17:09

G - inserted info as requested by SG. I think OK to reference correspondence with 221+ if required but trust it should not be necessary.

greg dempsey - 13/03/2020 17:27

Jim. Position re Civil courts now included. I think there is a difference between existing bodies remaining open, and establishing a new body (and in so do effectively starting the clock in terms of the period claimants have to make a claim). We can reference the response of the 221 representative, but would have to make clear that we sought their view, rather than they pushed for this

Jim Breslin - 13/03/2020 17:33

Can you clarify the issue on the period within which claims have to be made please. Is this set out in law? Could we provide a longer period post making of claims for hearings so that if someone did not want to participate in a hearing during the COVID-19 outbreak there would be no requirement to do so.

Stephen Brophy - 16/03/2020 10:04

Greg
As we discussed, the Courts substantially changed their position on Friday evening after the last draft of this statement was submitted. I have updated the submission with this new information.
Stephen

greg dempsey - 16/03/2020 17:22

Jim,

Separate submission to come re RM appeal. You'll see Courts latest position, which I think supports the recommendation to postpone the tribunal. I'd like to get this formalised so that we can inform judge and 221 etc

G

Joanne Lonergan - 20/03/2020 13:21

Approved

User details

INVOLVED: Stephen Brophy
greg dempsey

READ RECEIPT: Stephen Brophy
greg dempsey

Sub_DOH Sec Gen Office
Jim Breslin
Sub_DOH Ministers Office
Simon Harris

Jim Breslin
Joanne Lonergan
Sarah Bardon
Dave McGrath
Amy Brennan
Denise Kelly

Action log

ACTION	USER	DATE	DESCRIPTION
Create	Stephen Brophy	12/03/2020 11:19	Submission HLT 00446-20 to Minister created.
Submit for review	Stephen Brophy	13/03/2020 16:24	Submission sent for review to greg dempsey.
Submission sent	Stephen Brophy	13/03/2020 16:25	Submission sent by email to Paula Cummins, Dave McGrath.
Submit for review	greg dempsey	13/03/2020 16:42	Submission sent for review to Secretary General.
Revert	Jim Breslin	13/03/2020 16:53	Submission reverted to greg dempsey by Jim Breslin.
Take ownership	Stephen Brophy	13/03/2020 16:57	Submission ownership taken by Stephen Brophy.
Submit for review	Stephen Brophy	13/03/2020 17:09	Submission sent for review to greg dempsey.
Submit for review	greg dempsey	13/03/2020 17:27	Submission sent for review to Secretary General.
Revert	Jim Breslin	13/03/2020 17:33	Submission reverted to greg dempsey by Jim Breslin.
Take ownership	Stephen Brophy	16/03/2020 09:46	Submission ownership taken by Stephen Brophy.
Submit for review	Stephen Brophy	16/03/2020 10:04	Submission sent for review to greg dempsey.
Take ownership	Stephen Brophy	16/03/2020 14:09	Submission ownership taken by Stephen Brophy.
Submit for review	Stephen Brophy	16/03/2020 14:09	Submission sent for review to greg dempsey.
Submit for review	greg dempsey	16/03/2020 17:17	Submission sent for review to Secretary General.
Take ownership	Stephen Brophy	16/03/2020 17:19	Submission ownership taken by Stephen Brophy.
Submit for review	Stephen Brophy	16/03/2020 17:20	Submission sent for review to greg dempsey.
Submit for review	greg dempsey	16/03/2020 17:22	Submission sent for review to Secretary General.
Submit for review	Jim Breslin	16/03/2020 17:33	Submission sent for review to Minister on behalf of Secretary General.
Complete	Joanne Lonergan	20/03/2020 13:21	Submission completed by Joanne Lonergan.

Submission HLT 00462-20: Covid-19 travel restrictions

TO: Minister
STATUS: Completed
PURPOSE: For Information
DIVISION: Chief Medical Officer
DECISION BY: 17/03/2020

AUTHOR: Colm O'Conaill
OWNER: Colm O'Conaill
REVIEWERS: Jim Breslin

Final comment

Noted, S.

Action required

To note arrangements for decision-making on travel restrictions

Executive summary

1. Secretary General

2. Minister Harris

As requested by the Secretary General, to note that a process has been agreed with DFAT to allow time for consideration of any DFAT proposals to change travel advice to countries or regions abroad, on COVID-19 grounds.

Future DFAT proposals will be considered by the National Public Health Emergency Team, on the basis of expert advice from the HPSC.

Currently the DFAT security status levels are elevated, on COVID-19 grounds, for China, Iran, Spain and the Republic of Korea (Daegu, Cheongdo or Gyeongsan), all of which have travel advisories to Avoid non-essential travel, along with Italy (Do Not Travel).

DFAT is expected imminently to recommend elevating the security level for Germany (currently Normal Precautions, the lowest of four security rating levels) and for France (currently High Degree of Caution).

The four DFAT levels are: Normal Precautions, High Degree of Caution, Avoid Non-Essential Travel, and Do Not Travel.

NPHET has had previous discussions on travel advice and restrictions, including on 12th March when a proposal that everyone returning from Spain (and other countries with elevated security ratings, listed above) should restrict their movements for 14 days.

Further update: DFAT has subsequently proposed this afternoon that important decisions on changing travel advice, for reasons of Covid-19, represent agreed positions between both Departments, and be Government decisions.

Colm Ó Conaill

COVID-19 Taskforce

Detailed information

Related submissions

There are no related submissions.

Comments

Jim Breslin - 13/03/2020 15:58

For Minister's meeting with Tanaiste and Taoiseach's Chief of Staff please.

Simon Harris - 31/03/2020 11:16
Noted.

S.

User details

INVOLVED: Colm O'Conaill
Sub_DOH Sec Gen Office
Jim Breslin
Sub_DOH Ministers Office
Simon Harris

READ RECEIPT: Colm O'Conaill
Jim Breslin
Maurice O'Donnell
Sarah Bardon
Matthew O'Gorman
Jennifer Lyons
Simon Harris
Denise Kelly

Action log

ACTION	USER	DATE	DESCRIPTION
Create	Colm O'Conaill	13/03/2020 15:52	Submission HLT 00462-20 to Minister created.
Submit for review	Colm O'Conaill	13/03/2020 15:53	Submission sent for review to Secretary General.
Submit for review	Jim Breslin	13/03/2020 15:58	Submission sent for review to Minister on behalf of Secretary General.
Take ownership	Colm O'Conaill	13/03/2020 19:07	Submission ownership taken by Colm O'Conaill.
Submit for review	Colm O'Conaill	13/03/2020 19:10	Submission sent for review to Minister.
Complete	Simon Harris	31/03/2020 11:16	Submission completed by Simon Harris on behalf of Minister.

Submission HLT 00471-20: Covid-19 - PPE - Approval of HSE CEO request for funding of €208,000,000 in respect of decision by the HSE to enter into a commercial framework contract arrangement

TO: Minister
STATUS: Completed
PURPOSE: For Priority
DIVISION: Finance and Evaluation
DECISION BY: 17/03/2020

AUTHOR: Paul Bolger
OWNER: Paul Bolger
REVIEWERS: Jim Breslin

Final comment

Approved in line with Sec Gen's comment

Action required

1. Approval of expenditure of €208m 2. Signature of letter of authorisation

Executive summary

The HSE CEO has requested approval for **expenditure in the amount of €208 m.**

- This cash request is in respect of an arrangement the HSE intends to enter into with China Resources Pharmaceutical Commercial Group International Trading Co., Ltd today (17 March) for the supply of Personal Protective Equipment (PPE). I understand that matter was discussed and approved by the HSE board last night subject to DoH and PER funding and also at Cabinet Committee yesterday.
- Approval for additional funding of €208 million received from the DPER.

- The HSE CEO has confirmed that this expenditure is "absolutely necessary and is associated with the COVID-19 epidemic".
- Given the very tight timeframes, it is not possible to go through our normal due diligence process between the Department and the HSE and the Department and DPER. This risk has to be balanced against the circumstances and the HSE CEO's assurance on the necessity of the expenditure.

Recommendation: I recommend that the Department responds positively to the CEO's request for expenditure in order to enable the HSE to be in a position to execute the transaction this evening. Attached letter for the SG's signature and draft letter of assurance for Minister's signature attached. Other aspects of the transaction (commercial/contractual/procurement etc) are a matter for the HSE.

Letter of assurance provided by the HSE is also attached. However, I am awaiting confirmation from the HSE regarding their legal advice on the letter.

Detailed information

- Funding request received from CEO Reid attached.
- Briefing note provided on 14 March is also attached.
- Approval from SG Watt attached.

In addition to the attached documents the HSE has provided the following additional details:

Letter of Assurance

1. "We do not consider the Letter of Assurance places any unreasonable restrictions on us receiving goods from any other Chinese suppliers. The arrangement we are entering into relates to PPE. We are perfectly

free to source other products such as medical devices from other suppliers. In fact, the arrangement we will enter into today does not preclude us from using existing supplier or brokers to secure additional PPE. I would also point out that given current market conditions and the unprecedented scarcity of supply, the Letter of Assurance should be viewed as an asset as it considerably improves our ability to secure the stocks we require. "

Delivery Schedule

2. "In terms of delivery schedules, these will be agreed with each batch order. In general terms and based on discussions to date, the general lead times applying are 10 to 15 days. Production capacity varies from product to product. For example on respirator masks CRP have confirmed a daily production output of 700,000 units, on gowns they have confirmed a daily production output of 620,000 units etc. I would also point out that what we will sign with CRP today is an overarching framework agreement that ensures primacy of supply to HSE. We will generate multiple batch orders for specific volumes and values and each batch order will have delivery dates, volumes etc. A call is scheduled with CRP later this evening to agree the first batch order."

Quality Standards

3. "The quality standards applying are those that issued by the World Health Organisation in their Disease Commodity Package (v3). CRP have confirmed their ability to produce to this standard and will be providing the relevant certificates to us to confirm the standards. You might also note the following
 - a. We have sourced a reference through PwC who has procured products from CRP previously and he confirmed that in his dealings with CRP he has not experienced any quality issues and consider them to be honest and reliable manufacturers
 - b. We are currently sourcing an Infection Control specialist in Beijing who will act as a quality checking agent for HSE and periodically confirm that the goods being manufactured comply with the specification and are suitable for the use for which they are intended."

Related submissions

HLT 00722-20: Sanction request for Personal Protective Equipment (PPE) and Associated Air Transport costs

Comments

Paul Bolger - 17/03/2020 14:17

SG - recommended for your approval and see attached letter for your signature. I am awaiting Sean's response on the letter of authorisation. Paul

Jim Breslin - 17/03/2020 14:44

Minister, in the circumstances I am satisfied to provide the HSE with funding assurance on this financial commitment. Regarding the Letter of Assurance we are awaiting some clarification from HSE following receipt of which we will advise you on issuing it. Jim

Joanne Lonergan - 17/03/2020 15:11

Approved in line with Sec Gen's comment

Paul Bolger - 18/03/2020 18:04

HSE confirmation of legal advice of letter of authorisation and signed letter attached. Slight modification to letter from HSE legal tightly aligns the authorisation to the PPE equipment that is subject to the order only.

User details

INVOLVED: Paul Bolger
Sub_DOH Sec Gen Office
Jim Breslin
Sub_DOH Ministers Office

READ RECEIPT: Paul Bolger
Jim Breslin
Joanne Lonergan
Lisa Williamson

Simon Harris

Fiona Prendergast
Eoin Halpin
Caoimhe Dolan
Megan Coll
David Bolger
Denise Kelly

Action log

ACTION	USER	DATE	DESCRIPTION
Create	Paul Bolger	17/03/2020 12:42	Submission HLT 00471-20 to Minister created.
Submit for review	Paul Bolger	17/03/2020 14:17	Submission sent for review to Secretary General.
Submit for review	Jim Breslin	17/03/2020 14:44	Submission sent for review to Minister on behalf of Secretary General.
Complete	Joanne Lonergan	17/03/2020 15:11	Submission completed by Joanne Lonergan.
Submission sent	Paul Bolger	17/03/2020 15:22	Submission sent by email to Kevin Colman, Louise Carrigan, Fergal Goodman, Mary Hyland. Message: FYI on the financials.



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Office of the Chief Executive Officer
1st Floor, Dr. Steevens' Hospital
Dublin D08 W2A8
Tel: 01 635 2701

Mr Jim Breslin

Secretary General

Department of Health

Approval Request for Expenditure associated with COVID-19

Dear Jim,

At the HSE Board Meeting convened last evening it was agreed that for the duration of the COVID-19 epidemic, that the Board delegate to me, in my capacity as Chief Executive Officer, all the necessary authority to approve any expenditure associated with the COVID-19 epidemic once approved by the Department of Public Expenditure & Reform and the Department of Health and to accept any offer (which may be termed as gifts) from the private sector that may assist in the management of the epidemic.

In this regard, I would be grateful if you could approve the expenditure in the amount of €208,000,000 in respect of a framework contract arrangement we must enter into with China Resources Pharmaceutical Commercial Group International Trading Co., Ltd for the supply of Personal Protective Equipment (PPE).

I can confirm that this expenditure is absolutely necessary and is associated with the COVID-19 epidemic.

I would be grateful if you could revert to me with the necessary approvals as a matter of extreme urgency as the contract needs to be executed no later than 3pm today 17 March 2020.

Kind Regards,

Paul Reid

Chief Executive Officer

17 March 2020

Briefing Note - Personal Protective Equipment (PPE)

1. Current Market Conditions

- 1.1 A key commodity required for the management of COVID-19 is PPE.
- 1.2 Market conditions are highly volatile market with **unprecedented demand** now in the marketplace.
- 1.3 All traditional supply channels and sourcing mechanisms will not meet IE demand
- 1.4 Appendix 1 illustrates the volatility of the marketplace.

2. Estimated Demand for Health Sector

- 2.1 HSE has conducted some demand modelling. This demand modelling has been conducted in the absence of visibility of the detailed epidemiological modelling. The key assumptions made in the demand modelling are as follows
 - 1.6m infections
 - Allocation of PPE as per ECDC Technical Report – “*PPE needs in healthcare settings for care of patients with suspected or confirmed novel coronavirus (2019-nCoV)*” as per February 2020 which recommends a PPE pack for care of patients with suspected or confirmed COVID-19
- 2.2 Each PPE Pack comprises of the following:

Protection	Suggested PPE
Respiratory protection	N95, FFP2 or FFP3 respirator
Eye protection	Goggles or face shield
Body protection	Long-sleeved water-resistant gown
Hand protection	Gloves

- 2.3 The Technical Report sets out the allocation of PPE sets based on a needs assessments of PPE supplies per patient per day. Based on this Report the following is the estimate of demand for the Irish Health Sector

Product	Scenario 1 1.6m infections 3:1 allocation	Scenario 2 1.25m infections 1:1 allocation	Scenario 3 1.6m infections 1:1 allocation
FFP masks (each)			
Surgical Masks (each)			
Gloves (pairs)			
Goggles (each)			
Gowns (each)			
Total Estimated Value			

- 2.4 Further demand modelling was conducted to sense check the figures above. This second demand modelling exercise generated volumes not materially different to those arrived at through the first modelling exercise.
- 2.5 Given the lack of visibility on epidemiological modelling HSE decided to take a prudent approach to entering into a transaction of this scale and value. Accordingly, the approach taken was to place an “initial order” for PPE in the following quantities with an option to issue further purchase order should the need arise;

Product	Order Qty
FFP masks (each)	
Surgical Masks (each)	
Gloves (pairs)	
Eye Protection (Face Shields Goggles (each))	
Gowns (each)	
Total Estimated Value	

- 2.6 An "initial order" of this magnitude represents in excess of 5 years' worth of normal stock holdings.

3. Actions by HSE to Secure PPE based on Demand Profile

- 3.1 Given that traditional supply routes are non-existent, HSE engaged with IDA in an effort to secure manufacturing capacity.
- 3.2 IDA have through their China Office secured a PPE manufacturer (China Resources Pharmaceuticals) who is willing to conclude a transaction with HSE for the purposes of supplying PPE.
- 3.3 Discussions have been ongoing in recent days resulting in a conference call at 06:00 on 14 Mar between HSE and China Resources Pharmaceuticals. This call was facilitated by IDA.
- 3.4 These discussions were extremely positive and agreement in principle between the parties was reached on supply of PPE to HSE.

3.5



- 3.6 HSE is satisfied that there is low risk in concluding a transaction with China Resources Pharmaceuticals on the following grounds

- China Resources Pharmaceuticals are a State Owned Entity (SOE)
- China Resource Pharmaceuticals were introduced to HSE through government and diplomatic networks
- A desk top due diligence exercise by PwC has returned no obvious issues of concern

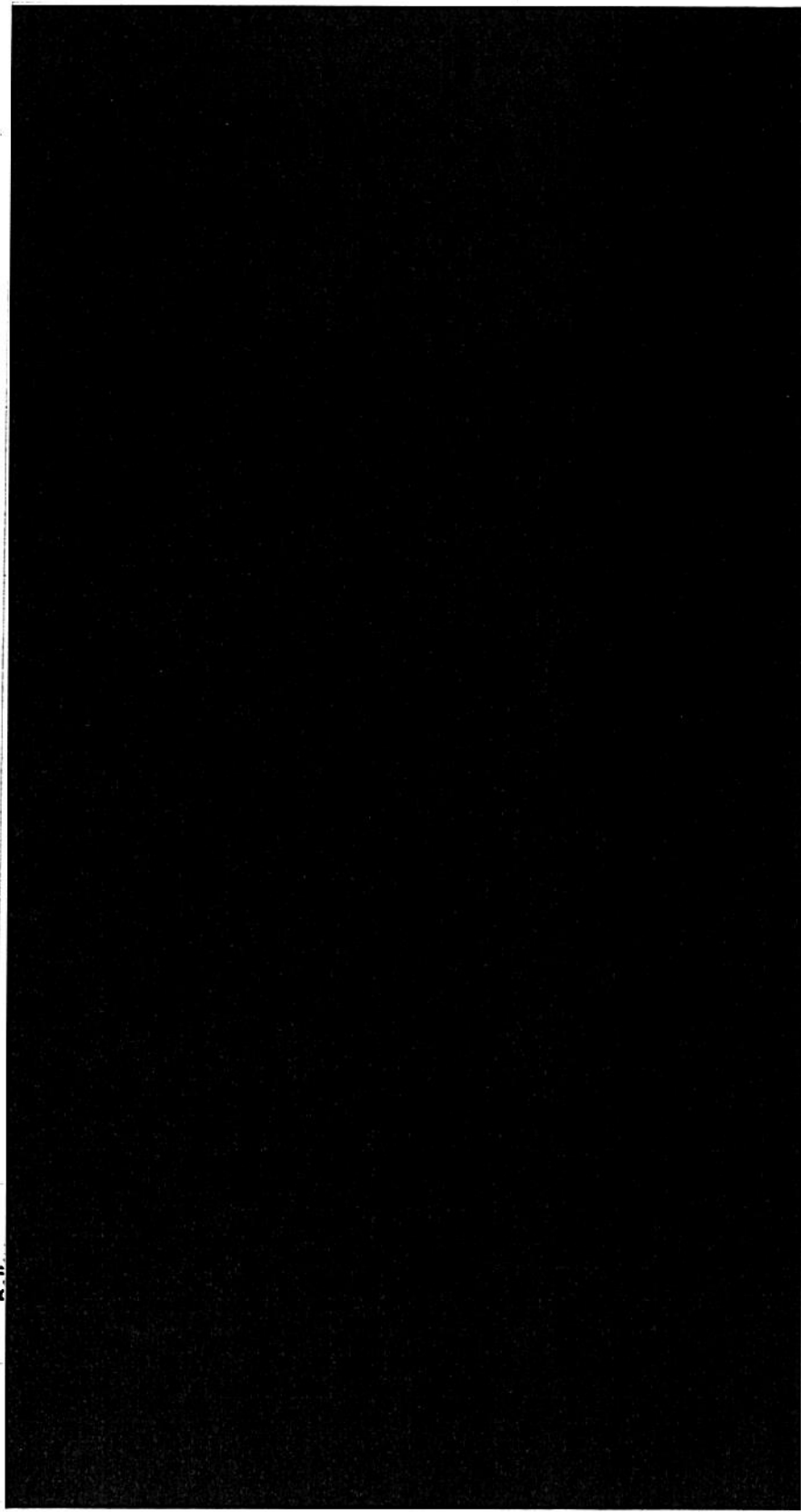
4. Developments

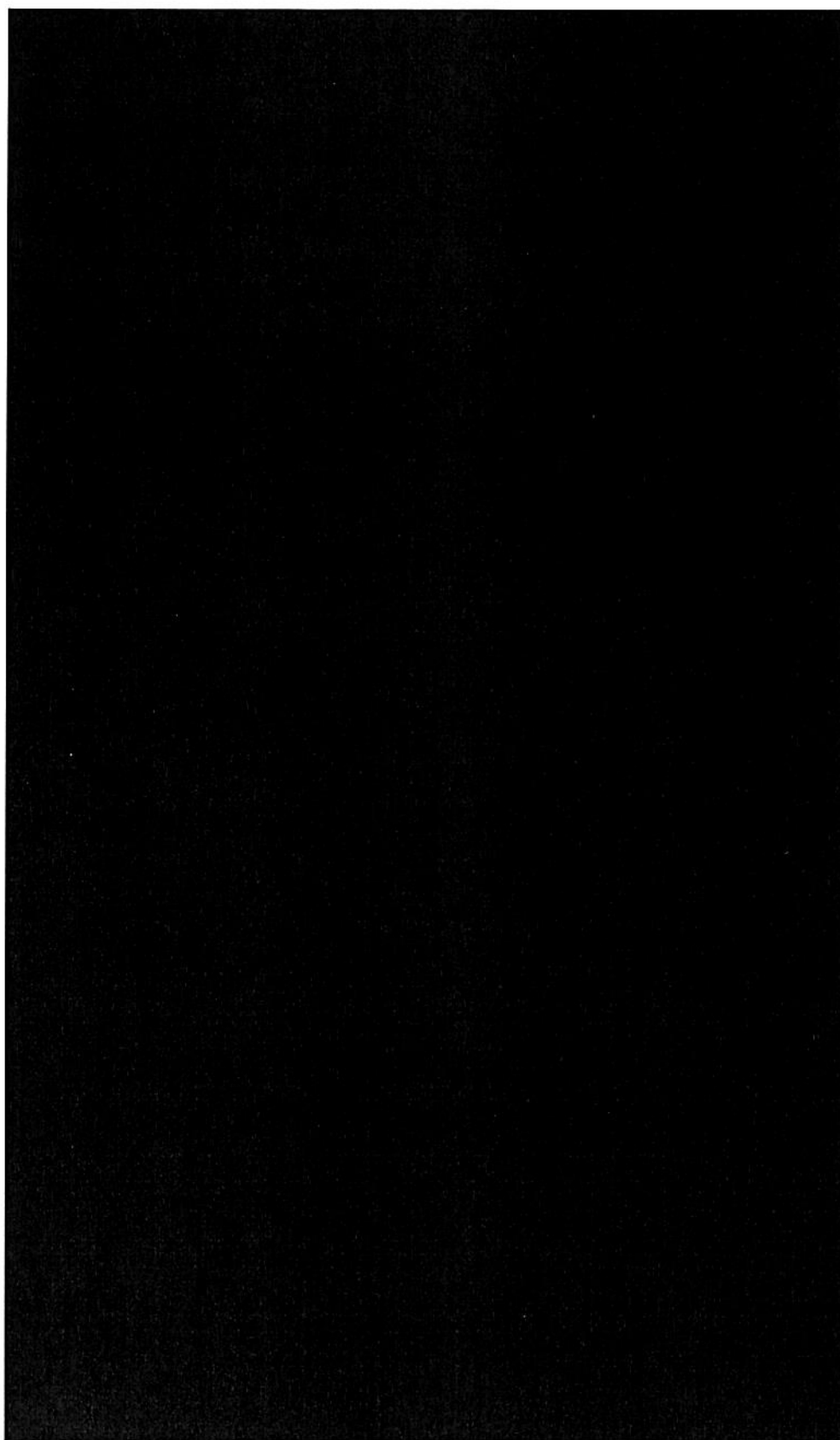
- 4.1 Highly credible and highly reliable intelligence has emerged in the past number of hours suggesting that supply lines are tightening significantly and there is a need to conclude this transaction in the shortest possible timeframe.
- 4.2 A further issue on supply line contraction arises and that is the distinct likelihood that HSE may only be able to conduct one transaction with the secured manufacturer.
- 4.3 It is therefore prudent and appropriate to consider increasing the "initial order" to a volume that will reduce any risk of under supply.

- 4.4 HSE suggest a 2.5 times uplift to the total initial order. This estimate is in the absence of any detailed epidemiological modelling data and is based solely on commercial and inventory considerations. The estimated volume and value of a revised order is as follows;

Product	Order Qty
FFP masks (each)	
Surgical Masks (each)	
Gloves (pairs)	
Eye Protection (Face Shields Goggles (each))	
Gowns (each)	
Total Estimated Value	

Appendix 1
Market Volatility Scan







Re: Approval Requests to DPER and DoH

Robert Watt (PER) to: secgen@health.gov.ie,
ceo.office@hse.ie

17/03/2020 10:06

Cc: "Ronnie Downes (PER)", Paul_Bolger@health.gov.ie,
"Fergal_Goodman@health.gov.ie"

Approved - Robert

Sent from my iPhone

On 16 Mar 2020, at 11:12 p.m., "secgen@health.gov.ie" <secgen@health.gov.ie> wrote:

Robert

As discussed at Cabinet Committee on COVID-19 today, the HSE with support of the IDA has identified a supplier of PPE (Personal Protection Equipment) which is a critical pre-requisite for management of COVID-19. This is in a situation of unprecedented, extreme, growing global shortage and therefore urgent execution of the proposal is required.

I intend to confirm to the HSE CEO that the commercial/contractual details are a matter for the HSE but that the Department of Health - on behalf of the Government - is in a position to provide an assurance that the necessary funding will be provided to meet this commitment.

I would appreciate if, as outlined at today's meeting, you could confirm by return that the funding will be provided to the Health Vote to support this necessary financial commitment by the HSE.

Thank you

Jim Breslin

----- Forwarded by James Breslin/SLAINTE on 16/03/2020 22:55 -----

From: "CEO Office" <CEO.Office@hse.ie>
To: "Jim Breslin, (PA Clare Rudden)" <secgen@health.gov.ie>
Date: 16/03/2020 22:52
Subject: FW: Approval Requests to DPER and DoH

Jim

See attached.

Regards,

Paul

Paul Reid

Chief Executive

Pól Maoildearg | Príomhoifigeach Feidhmeannach | Oifig an Phríomhoifigigh Feidhmiúcháin | Urlár 1, Ospidéal an Dr. Steevens | Baile Átha Cliath 8 | D08 W2A8 | Rphost: ceo.office@hse.ie | Teil: 01 635

██████ | Gréasán: www.hse.ie Cuimhnigh ar an timpeallacht sula gclóbhualann tú an Rphost seo

Paul Reid | Chief Executive Officer | Office of the CEO | HSE | 1st Floor, Dr. Steevens' Hospital | Dublin 8 | Eircode D08 W2A8 | Email: ceo.office@hse.ie | Tel: 01 635 : ██████ | Web: www.hse.ie

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----- Original message -----

From: SEAN BRESNAN <sean.bresnan@hse.ie>

Date: 16/03/2020 22:28 (GMT+00:00)

To: CEO Office <CEO.Office@hse.ie>

Subject: RE: Approval Requests to DPER and DoH

No problem Paul.

I have changed dates o both letters to reflect issue date of tomorrow.

There is one further doc required and that is a letter of authorisation (attached) which Minister Harris is required to sign. DoH will have to put on headed paper.

Kind Regards, Sean

Sean Bresnan

National Director of Procurement

Health Business Services, Health Service Executive

Dr. Steevens' Hospital, Dublin 8

E:sean.bresnan@hse.ie and ohop@hse.ie

T: 00 353 1 635 22 51

M: 00 353 ██████

<mimc-attachment.jpg>

From: CEO Office [<mailto:CEO.Office@hse.ie>]

Sent: Monday 16 March 2020 22:19
To: SEAN BRESNAN <sean.bresnan@hse.ie>
Subject: RE: Approval Requests to DPER and DoH

Sean

Thanks. Im exhausted! Can I send these off first thing in morning.

Regards,

Paul

Paul Reid

Chief Executive

Pól Maoildearg | Príomhoifigeach Feidhmeannach | Oifig an Phríomhoifigigh Feidhmiúcháin | Urlár 1, Ospidéal an Dr. Steevens | Baile Átha Cliath 8 | D08 W2A8 | Rphost: ceo.office@hse.ie | Teil: 01 635 27000 | Gréasán: www.hse.ie Cuimhnigh ar an timpeallacht sula gclóbhualann tú an Rphost seo

Paul Reid | Chief Executive Officer | Office of the CEO | HSE | 1st Floor, Dr. Steevens' Hospital | Dublin 8 | Eircode D08 W2A8 | Email: ceo.office@hse.ie | Tel: 01 635 27000 | Web: www.hse.ie

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----- Original message -----

From: SEAN BRESNAN <sean.bresnan@hse.ie>
Date: 16/03/2020 22:02 (GMT+00:00)
To: CEO Office <CEO.Office@hse.ie>
Subject: Approval Requests to DPER and DoH

Paul,

As requested, please find attached letters requesting approval for PPE expenditure.
I have drafted one for each Sec Gen in each Dept. I have dated them as of this evening.
I trust these are in order.

Kind Regards, Sean

Sean Bresnan
National Director of Procurement
Health Business Services, Health Service Executive

Dr. Steevens' Hospital, Dublin 8
E: sean.bresnan@hse.ie and chop@hse.ie

T: 00 353 1 635 22 51

M: 00 353 1 [REDACTED]

<mime-attachment.jpg>

Need information and advice on COVID-19? Go to www.hse.ie/coronavirus

"Tá an fhaisnéis sa ríomhphost seo (ceangaltáin san áireamh) faoi rún. Baineann sé leis an té ar seoladh chuige amháin agus tá sé ar intinn go bhfaighfidh siadsan amháin é agus gurb iadsan amháin a dhéanfaidh breithniú air. Más rud é nach tusa an duine ar leis é, tá cosc iomlán ar aon fhaisnéis atá ann, a úsáid, a chraobhscaoileadh, a scaipeadh, a nochtadh, a fhoilsiú, ná a chóipeáil. Seans gurb iad tuairimí pearsanta an údar atá san ríomhphost agus nach tuairimí FSS iad.

Má fuair tú an ríomhphost seo trí dhearmad, bheadh muid buíoch dá gcuirfeá in iúl don Deasc Seirbhísí ECT ar an nguthán ag +353 818 300300 nó ar an ríomhphost chuig service_desk@hse.ie agus ansin glan an ríomhphost seo ded' chóras."

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<Letter of Authorisation.docx>

<Approval Request DOH 170320v0.2.docx>

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Tá an fhaisnéis atá sa ríomhphost seo (agus in aon cheangaltáin) faoi rún agus is don fhaighteoir/do na faighteoirí beartaithe é agus é/íad sin amháin. Mura tusa an faighteoir beartaithe, níl cheart duit an teachtaireacht seo ná aon chuid di a úsáid, a nochtadh, a chóipeáil, a dháileadh ná a choinneáil. Sa chás gur trí earráid a fuair tú an ríomhphost seo, tabhair fógra dom láithreach faoi sin agus scríos gach cóip den ríomhphost seo ó do ríomhchóir(i)s. Tabhair faoi deara go bhféadfaidh an ríomhphost seo agus aon fhreagra



air bheith faoi réir iarraidh ar a eisiúint de bhun an Achta um Shaoráil Faisnéise ATT00001.jpg



ATT00002.jpg



RE: FW: Approval Requests to DPER and DoHSEAN BRESNAN to:
Paul_Bolger@health.gov.ie 17/03/2020 20:48
Cc: "Fergal_Goodman@health.gov.ie"
From: SEAN BRESNAN <sean.bresnan@hse.ie>
To: "Paul_Bolger@health.gov.ie" <Paul_Bolger@health.gov.ie>
Cc: "Fergal_Goodman@health.gov.ie" <Fergal_Goodman@health.gov.ie>
History: This message has been replied to.

1 Attachment



Letter of Authorisation v0.2.docx

Paul,

My apologies for the delay in reverting on the query you raise in relation to the Letter of Assurance. Today has been hectic!



I terms of delivery of batch 1 we are aiming to have delivery towards the end of this month and includes for example the following

- 6.5m surgical masks
- [redacted] masks
- [redacted] face shields
- [redacted] goggles

The total order value for batch 1 is circa €31m

In terms of logistics, IDA are supporting us in securing the carrier. Once the first consignment has landed we will take stocks to a central and secure location for bulk breaking and issue to frontline. We are intending to secure the support of the Defence Forces to transport stock from airport to secure location.

I trust this is in order and I look forward to receiving the LoA to allow us to proceed

Kind Regards, Sean

Sean Bresnan
National Director of Procurement
Health Business Services, Health Service Executive
Dr. Steevens' Hospital, Dublin 8

E: sean.bresnan@hse.ie and ohop@hse.ie
T: 00 353 1 635 22 51
M: 00 353 [redacted]



From: Paul_Bolger@health.gov.ie [mailto:Paul_Bolger@health.gov.ie]
Sent: Tuesday 17 March 2020 11:09
To: SEAN BRESNAN <sean.bresnan@hse.ie>
Cc: Fergal_Goodman@health.gov.ie
Subject: RE: FW: Approval Requests to DPER and DoH

Sean

Can you please include Mary Hyland on the reply - Mary is the lead from the Department on this subject.

Thanks

Paul

Paul Bolger
Director, Resources Division

—
An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

—
T +35316354778

M +353863827057

paul_bolger@health.gov.ie

Designated Public Official under the Regulation of Lobbying Act 2015

From: Paul Bolger/SLAINTE
To: "SEAN BRESNAN" <sean.bresnan@hse.ie>
Cc: "CEO Office" <CEO.Office@hse.ie>, "Fergal Goodman@health.gov.ie" <Fergal_Goodman@health.gov.ie>, "secgen@health.gov.ie" <secgen@health.gov.ie>, cfo@hse.ie
Date: 17/03/2020 10:40
Subject: RE: FW: Approval Requests to DPER and DoH

Just copying Stephen

Sean,

Many thanks for the letters and well done to you on your team.

With regard to the letter of assurance -for the Minister - your assurances below are welcome - the letter the Minister is being asked to sign does state the this company will be the "sole purchasing entrusting party for the Government of Ireland in China in relation to the medical equipment necessary to support the management of new coronā-virus pneumonia epidemic in Ireland" Do you have legal advice underpinning the response to #1 so that I can assure the Minister.

Also, what is the expected date of first delivery and can I get some detail on the logistics on the ground in Ireland - to provide to the Minister.

Given the circumstances and the time frame we are operating under, the Department is considering the financial aspects only.

Kind regards

Paul

Paul Bolger
Director, Resources Division

—
An Roinn Sláinte
Department of Health

Bloc 1, Plaza Miesach, 50 - 58 Sráid Bhagóid Íochtarach, Baile Átha Cliath, D02 XW14
Block 1, Miesian Plaza, 50 - 58 Lower Baggot Street, Dublin, D02 XW14

—
T +35316354778
M +353863827057

paul_bolger@health.gov.ie

Designated Public Official under the Regulation of Lobbying Act 2015

From: "SEAN BRESNAN" <sean.bresnan@hse.ie>
To: "secgen@health.gov.ie" <secgen@health.gov.ie>, "CEO Office" <CEO.Office@hse.ie>
Cc: "Paul_Bolger@health.gov.ie" <Paul_Bolger@health.gov.ie>, "Fergal_Goodman@health.gov.ie" <Fergal_Goodman@health.gov.ie>
Date: 17/03/2020 08:24
Subject: RE: FW: Approval Requests to DPER and DoH

Jim,

Many thanks for forwarding the letter to DPER and for your support.
In the interests of expediency, I am taking the liberty of responding to the questions you raise.

1. We do not consider the Letter of Assurance places any unreasonable restrictions on us receiving goods from any other Chinese suppliers. The arrangement we are entering into relates to PPE. We are perfectly free to source other products such as medical devices from other suppliers. In fact, the arrangement we will enter into today does not preclude us from using existing supplier or brokers to secure additional PPE. I would also point out that given current market conditions and the unprecedented scarcity of supply, the Letter of Assurance should be viewed as an asset as it considerably improves our ability to secure the stocks we require.

2. In terms of delivery schedules, these will be agreed with each batch order. In general terms and based on discussions to date, the general lead times applying are 10 to 15 days. Production capacity varies from product to product. For example on respirator masks CRP have confirmed a daily production output of 700,000 units, on gowns they have confirmed a daily production output of 620,000 units etc.

I would also point out that what we will sign with CRP today is an overarching framework agreement that ensures primacy of supply to HSE. We will generate multiple batch orders for specific volumes and values and each batch order will have delivery dates, volumes etc.

A call is scheduled with CRP later this evening to agree the first batch order.

3. The quality standards applying are those that issued by the World Health Organisation in their Disease Commodity Package (v3) – a copy of which I am attaching for your info. CRP have confirmed their ability to produce to this standard and will be providing the relevant certificates to us to confirm the standards. You might also note the following

- a. We have sourced a reference through PwC who has procured products from CRP previously and he confirmed that in his dealings with CRP he has not experienced any quality issues and consider them to be honest and reliable manufacturers
- b. We are currently sourcing an Infection Control specialist in Beijing who will act as a quality checking agent for HSE and periodically confirm that the goods being manufactured comply with the specification and are suitable for the use for which they are intended.

I trust this deals with the queries you raise.

Kind Regards, Sean

Sean Bresnan
National Director of Procurement
Health Business Services, Health Service Executive

Dr. Steevens' Hospital, Dublin 8

E: sean.bresnan@hse.ie and ohop@hse.ie
T: 00 353 1 635 22 51
M: 00 353 1 [REDACTED]



From: James Breslin@health.gov.ie [mailto:James.Breslin@health.gov.ie] On Behalf Of secgen@health.gov.ie
Sent: Monday 16 March 2020 23:23
To: CEO Office <CEO.Office@hse.ie>
Cc: SEAN BRESNAN <sean.bresnan@hse.ie>; Paul Bolger@health.gov.ie; Fergal Goodman@health.gov.ie
Subject: Re: FW: Approval Requests to DPER and DoH

Thanks Paul. That's gone to DPER.

Some questions in the meanwhile:

Does the HSE consider that the Letter of Assurance restricts to an unreasonable degree the HSE receiving goods from any other Chinese suppliers connected with the pandemic e.g. existing suppliers or potentially, for example, the Huawei contact I sent on earlier?

I understand that delivery would commence in the coming days but it would be helpful if you could provide the delivery schedules referred to please?

What quality standards will govern contract for these products? You mentioned HPRA involvement at the Cabinet Committee today. It will be important that efficacy is assured while minimising regulatory delays.

From: "CEO Office" <CEO.Office@hse.ie>
To: "Jim Breslin, (PA Clare Rudden)" <secgen@health.gov.ie>
Date: 16/03/2020 22:52
Subject: FW: Approval Requests to DPER and DoH

Jim

See attached.

Regards,

Paul

Paul Reid

Chief Executive

Pól Maoildearg | Príomhoifigeach Feidhmeannach | Oifig an Phríomhoifigigh Feidhmiúcháin | Urlár 1, Ospidéal an Dr. Steevens | Baile Átha Cliath 8 | D08 W2A8 | Rphost: ceo.office@hse.ie | Teil: 01 635 [REDACTED] | Gréasán: www.hse.ie Cuimhnigh ar an timpeallacht sula gclóbhualann tú an Rphost seo

Paul Reid | Chief Executive Officer | Office of the CEO | HSE | 1st Floor, Dr. Steevens' Hospital | Dublin 8 | Eircode D08

W2A8 | Email: ceo.office@hse.ie | Tel: 01 635 [REDACTED] | Web: www.hse.ie

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----- Original message -----

From: SEAN BRESNAN <sean.bresnan@hse.ie>

Date: 16/03/2020 22:28 (GMT+00:00)

To: CEO Office <CEO.Office@hse.ie>

Subject: RE: Approval Requests to DPER and DoH

No problem Paul.

I have changed dates o both letters to reflect issue date of tomorrow.

There is one further doc required and that is a letter of authorisation (attached) which Minister Harris is required to sign. DoH will have to put on headed paper.

Kind Regards, Sean

Sean Bresnan

National Director of Procurement

Health Business Services, Health Service Executive

Dr. Steevens' Hospital, Dublin 8

E:sean.bresnan@hse.ie and ghop@hse.ie

T: 00 353 1 635 22 51

M: 00 35 [REDACTED]



cid:image006.jpg@01D2FB1D.2BDC31C0

From: CEO Office [<mailto:CEO.Office@hse.ie>]

Sent: Monday 16 March 2020 22:19

To: SEAN BRESNAN <sean.bresnan@hse.ie>

Subject: RE: Approval Requests to DPER and DoH

Sean

Thanks. Im exhausted! Can I send these off first thing in morning.

Regards,

Paul

Paul Reid

Chief Executive

Pól Maoildearg | Príomhoifigeach Feidhmeannach | Oifig an Phríomhoifigigh Feidhmiúcháin | Urlár 1, Ospidéal an Dr. Steevens | Baile Átha Cliath 8 | D08 W2A8 | Rphost: ceo.office@hse.ie | Teil: 01 635 [REDACTED] | Gréasán: www.hse.ie Cuimhnigh ar an timpeallacht sula gclóbhualann tú an Rphost seo

Paul Reid | Chief Executive Officer | Office of the CEO | HSE | 1st Floor, Dr. Steevens' Hospital | Dublin 8 | Eircode D08 W2A8 | Email: ceo.office@hse.ie | Tel: 01 635 [REDACTED] | Web: www.hse.ie

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----- Original message -----

From: SEAN BRESNAN <sean.bresnan@hse.ie>

Date: 16/03/2020 22:02 (GMT+00:00)

To: CEO Office <CEO.Office@hse.ie>

Subject: Approval Requests to DPER and DoH

Paul,

As requested, please find attached letters requesting approval for PPE expenditure. I have drafted one for each Sec Gen in each Dept. I have dated them as of this evening. I trust these are in order.

Kind Regards, Sean

Sean Bresnan

National Director of Procurement

Health Business Services, Health Service Executive

Dr. Steevens' Hospital, Dublin 8

E:sean.bresnan@hse.ie and phop@hse.ie

T: 00 353 1 635 22 51

M: 00 353 [REDACTED]



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pg@01D2FB1
D.2BDC31C0

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"Tá an fhaisnéis sa ríomhphost seo (ceangalláin san áireamh) faoi rún. Baineann sé leis an té ar seoladh chuige amháin agus tá sé ar intinn go bhfaighfidh siadsan amháin é agus gurb iadsan amháin a dhéanfaidh breithniú air. Más rud é nach tusa an duine ar leis é, tá cosc

iomlán ar aon fhaisnéis atá ann, a úsáid, a chraobhscaoileadh, a scaipeadh, a nochtadh, a fhoilsiú, ná a chóipeáil. Seans gurb iad tuairimí pearsanta an údar atá san ríomhphost agus nach tuairimí FSS iad.

Má fuair tú an ríomhphost seo trí dhearmad, bheadh muid buíoch dá gcuirfeá in iúl don Deasc Seirbhíse ECT ar an nguthán ag +353 818 300300 nó ar an ríomhphost chuig service.desk@hse.ie agus ansin glan an ríomhphost seo de d'chóras."

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[attachment "dcp--ncov.pdf" deleted by Paul Bolger/SLAINTE]

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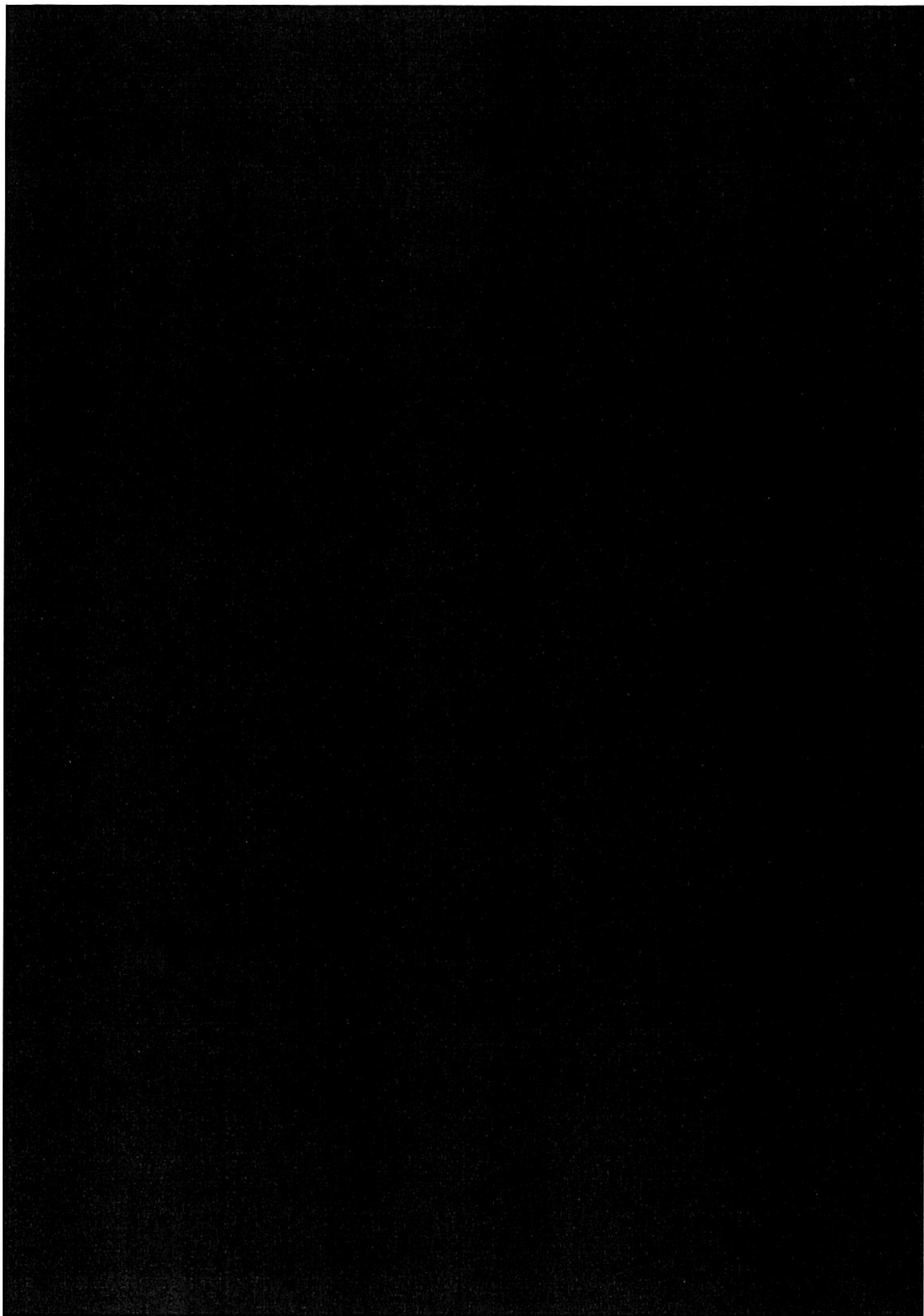
Need information and advice on COVID-19? Go to www.hse.ie/coronavirus

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Má fuair tú an ríomhphost seo trí dhearmad, bheadh muid buíoch dá gcuirfeá in iúl don Deasc Seirbhíse ECT ar an nguthán ag +353 818 300300 nó ar an ríomhphost chuig service.desk@hse.ie agus ansin glan an ríomhphost seo de d'chóras."

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March 2020

Mr Paul Reid
Chief Executive Office
Office of the Chief Executive Officer
Dr. Steevens' Hospital
Dublin D08 W2A8

Re: Approval Request for Expenditure associated with COVID-19

Dear Paul

In refer to your correspondence received last night regarding the framework contract the HSE intends to execute today for the supply of Personal Protective Equipment (PPE) at a cost of €208 million. I note that this issue was also discussed at the Covid-19 Cabinet Committee yesterday.

I can confirm that the necessary funding of up to €208 million will be provided to the HSE to meet this commitment. The commercial and contractual details of the transaction are a matter for the HSE.

Following completion of the transaction please provide:

- Final and full details of the transaction,
- Full details of the financial commitment and specifically timeline for cash drawdowns,
- Detail of the agreed delivery schedule, and
- A monthly report on the progress against the delivery schedule and cash drawdown.

Kind regards

Jim Breslin
Secretary General

Department of Health approve the expenditure in the amount of €208,000,000 in respect of a framework contract arrangement we must enter into with China Resources Pharmaceutical Commercial Group International Trading Co., Ltd for the supply of Personal Protective Equipment (PPE).

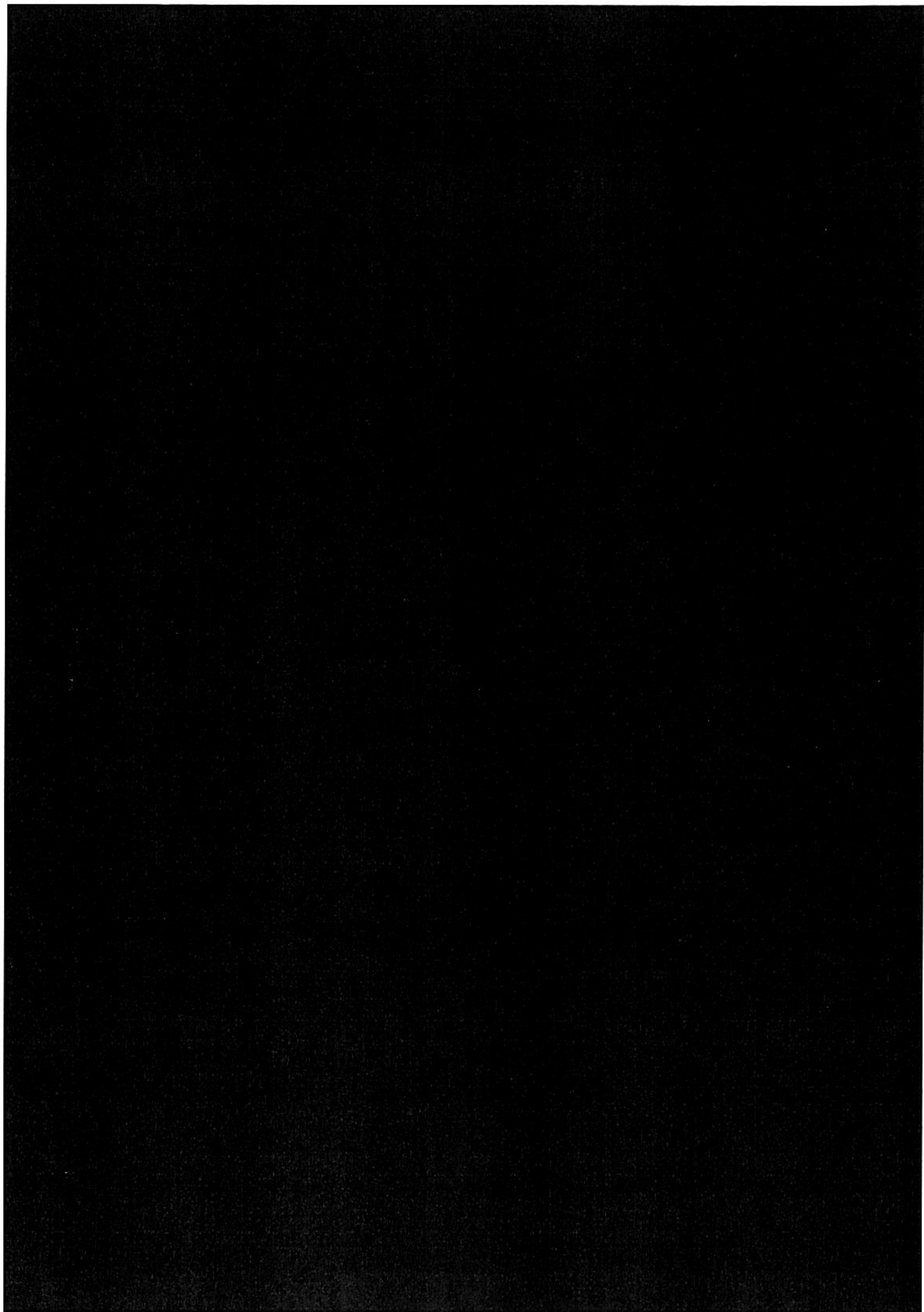
I can confirm that this expenditure is absolutely necessary and is associated with the COVID-19 epidemic.

I would be grateful if you could revert to me with the necessary approvals as a matter of extreme urgency as the contract needs to be executed no later than 3pm today 17 March 2020.

Kind Regards,

Paul Reid
Chief Executive Officer

17 March 2020



附件二

Appendix B

17 March 2020

Mr Paul Reid
Chief Executive Officer
Office of the Chief Executive Officer
Dr. Steevens' Hospital
Dublin D08 W2A8

Re: Approval Request for Expenditure associated with COVID-19

Dear Paul

I refer to your correspondence received last night regarding the framework contract the HSE intends to execute today for the supply of Personal Protective Equipment (PPE) at a cost of €208 million. I note that this issue was also discussed at the Covid-19 Cabinet Committee yesterday and at the HSE Board last night.

I can confirm that the necessary funding of up to €208 million will be provided to the HSE to meet this commitment.

The commercial and contractual details of the transaction are a matter for the HSE. Following completion of the transaction please provide:

- Final and full details of the transaction,
- Full details of the financial commitment and specifically timeline for cash drawdowns,
- Detail of the agreed delivery schedule, and
- A monthly report on the progress against the delivery schedule and cash drawdown.

More generally, on foot of discussion yesterday allied to last week's Government approval, our two Finance teams should meet to review the financial implications of all other proposals and agree a formal process for approval, monitoring, reporting and cash management.

Yours sincerely

Jim Breslin
Secretary General